

Integrated Performance Report

Strategic Overview



May 2017

With **all of us** in mind.

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Introduction

Please find the Trust's Integrated Performance Report for May 2017. The recent developments on the report now ensure that an owner has been identified for each key metric, and the alignment of the metrics with Trust objectives and CQC domains. This ensures there is appropriate accountability for the delivery of all our performance metrics and helps identify how achievement of our objectives is being measured. The report is now more in line with the vision of having a single report that plots a clear line between our objectives, priorities and activities. The intention is continue to develop the report such that it can showcase the breadth of the organisation and its achievements as well as meeting the requirements of our regulators and providing an early indication of any potential hotspots and how these can be mitigated. Following discussion at the Trust Board Development session a number of amendments have been included in the report this month. An executive summary of performance against key measures has been included which identify how well the Trust is performing in achieving its objectives. A new section has been added into the report which outlines the progress the Trust is making against its agreed priority programmes. This particular section will develop over the next few months in line with the development of plans behind each priority. It should be noted this section excludes those priority programmes which are already reported on elsewhere in the report e.g. quality, finance. In addition where there are newly identified national metrics and targets these have been included in the report. It is recognised that for future development stronger focus on outcomes is required and a clearer approach to monitoring progress against Trust objectives would be beneficial.

The integrated performance strategic overview report is a key tool to provide assurance to the Board that the strategic objectives are being delivered and to direct the Board's attention to significant risks, issues and exceptions and will contribute towards streamlining the number of different reports that the board receives.

The Trust's three strategic objectives are:

- Improve people's health and reduce health inequalities
- Improve the quality and experience of care
- Improve our use of resources

Performance is reported through a number of key performance indicators (KPIs). KPIs provide a high level view of actual performance against target. The report has been categorised into the following areas to enable performance to be discussed and assessed with respect to:

- Strategic Summary
- Quality
- National metrics (NHS Improvement, Mental Health Five Year Forward View, NHS Standard Contract National Quality Standards)
- Locality
- Transformation
- Priority Programmes
- Finance
- Contracts
- Workforce

Performance reports are available as electronic documents on the Trust's intranet and allow the reader to look at performance from different perspectives and at different levels within the organisation. Our integrated performance strategic overview report is publicly available on the internet.



Section	KPI	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Year End Forecast
Single Oversight Framework metric		2	2	2											2
CQC Quality Regulations (compliance breach)		Green	Green	Green											Green

Improve people's health and reduce inequalities	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Year End Forecast
Total number of children & young people in adult inpatient wards	0	0	1											1
% service users followed up within 7 days of discharge	95%	98.3%												1
% clients in settled accommodation	TBD	Data Not avail 1												
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks		Data avail end of Q1.												
Out of area beds 2	<=100 Green 101 - 199 Amber >=200 Red	281	348											
IAPT –proportion of people completing treatment and moving to recovery	50%	45.6%	49.4%											

Improve the quality and experience of care	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Year End Forecast
Friends and Family Test - Mental Health	85%	85%	82%											85%
Friends and Family Test - Community	98%	97%	99%											98%
Patient safety incidents involving moderate or severe harm or death		20	28											
Safer staff fill rates	90%	110%	111%											100%
Number of records with up-to-date risk assessment (MH)		KPI under development												
IG confidentiality breaches	<=8 Green 9 -10 Amber	9	12											
% people dying in a place of their choosing		KPI under development												

Improve the use of resources	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Year End Forecast
CQUIN achievement	£803k	£346k	£664k											£4185k
Surplus vs Control Total	In line with Plan	£26k	£53k											£1020k
Agency spend	In line with Plan	£501k	£426k											£5662k
CIP delivery	£1074k	£472k	£1024k											£8262k
Sickness absence	4.5%	4.90%	4.80%											4.50%
Mental Health Act training	>=80%	51.2%	56.9%											80%
Mental Capacity Act Training	>=80%	64.9%	69.6%											80%

NHSI Ratings Key:
1 – Maximum Autonomy, 2 – Targeted Support, 3 – Support, 4 – Special Measures

Notes:
1 - There was no April Primary submission this month due to the transition to MHSDS v2. Data to flow monthly from May 17 onwards.

2 - Out of area beds - this identifies the number of out of area bed days during the reporting month - the national definition for out of area bed is: is a patient that is admitted to a unit that does not form part of the usual local network of services. This is for Adult Acute and PICU Mental Health Services only.

Lead Director:

- This section has been developed to demonstrate progress being made against Trust objectives using a range of key metrics.
- A number of targets and metrics are currently being developed and some reported quarterly.
- More detail on areas of underperformance are included in the relevant section of the IPR.

The performance information above shows the performance rating metrics for the new Single Oversight Framework which captures Trust performance against quality, finance, operational metrics, strategy and leadership under one single overall rating. The most significant reasons for the Trust to be rated as 2 were the CQC rating of 'requires improvement' and the level of spend above our agency staff expenditure ceiling. An assessment of the impact of the good CQC rating on our Single Oversight Framework metric has yet to be made. Agency spend is currently below our ceiling.

Areas to Note:**Finance**

- Pre STF surplus of marginally above break-even in May (£27k)
- Cumulative pre STF surplus of £53k
- Out of area beds overspend of £164k in the month (£277k cumulatively) was offset by £0.3m pay savings driven by an improved agency position (actual spend of £0.4m in month). The other notable overspend relates to drugs costs (£60k)
- Use of resources risk rating of 1 given the improved agency position
- CIP delivery of £1m is £50k below plan. £0.2m has been delivered non-recurrently
- Cash balance of £21.5m is significantly below plan due to timing of STF receipts and timing of other receipts
- Full year-end review of year-end forecast and risks & opportunities will be carried out in time for the July Board report

Quality

- Five serious incidents reported in May, 3 of which were suicide or apparent suicide
- Overall fill rates for majority of Trust inpatient areas remain above 90% for registered staff. Trustwide average fill rate of 111%.
- CQC quality summit took place on June 13th 2017
- 1 confirmed case of C.difficile during Q1
- Within friends and family tests, 99% recommend community services and 82% mental health services
- Q4 16/17 CQUIN is close to finalisation. Final settlement likely to be in line with forecast
- No Information Governance breaches reportable to the ICO in month

NHSI

- Continued under performance in IAPT for clients moving to recovery.

Workforce

- Safer staffing summit took place at the beginning of June with a wide range of staff involved.
- The Trust sickness rate at the end of May was 4.9% which is slightly higher than the same time last year (4.6%). Reduction in sickness is part of the Trust's Operational Excellence Programme and is included in General Managers and Clinical Leads objectives. A task group on reducing sickness has been established following the staffing summit.
- Appraisal target is 95% of band 6 appraised by end of quarter 1 and this will be reported at the end of July.
- Clinical Risk training target has been reprioritised to allow a focus on staff release for Mental Health Act and Mental Capacity Act Training.

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Work has been undertaken to identify additional quality metrics, some of these are under development and are likely to be in place by the end of quarter 1. For the new indicators where historic data is available, this has been included. These indicators can be used to measure progress against some of the Trusts quality priorities for 2017-18.

Section	KPI	Objective	CQC Domain	Owner	Target	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Apr-17	May-17	Year End Forecast Position *	
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Quality & Experience	Safe	TB	6	0	0	1	2	1	0	4	
C-Diff	C Diff avoidable cases	Quality & Experience	Safe	TB	0	0	0	0				4	
Complaints	% of feedback with staff attitude as an issue	Quality & Experience	Caring	DS	< 20%	14% 23/168	7% 12/162	18% 28/158	12% 23/195	20% 13/63	14% 11/77	4	
Service User Experience	Friends and Family Test - Mental Health	Quality & Experience	Caring	DS	85%	72%	71%	71%	79%	85%	82%	2	
	Friends and Family Test - Community	Quality & Experience	Caring	DS	98%	98%	98%	98%	99%	97%	99%	4	
Quality	Total number of reported incidents	Quality and Experience	Safety Domain	TB	N/A	3509	3405	3293	2946	838	983	N/A	
	Total number of patient safety incidents resulting in severe harm and death	Quality and Experience	Safety Domain	TB	N/A	10	19	19	20	4	5	N/A	
	Total number of patient safety incidents resulting in moderate or severe harm and death	Quality and Experience	Safety Domain	TB	N/A	73	79	73	84	20	28	N/A	
	MH Safety thermometer - Medicine Omissions	Quality and Experience	Safety Domain	TB	17.7%	16.80%	17.70%	Data not avail				3	
	Safer staff fill rates	Quality and Experience	Safety Domain	TB	90%					110%	111%	4	
	Safer Staffing % Fill Rate Registered Nurses	Quality and Experience	Safety Domain	TB	80%					109.7%	109.7%	4	
	Number of pressure ulcers (attributable) ¹	Quality and Experience	Safety Domain	TB	N/A	98	95	78	86			N/A	
	Number of pressure ulcers (avoidable) ²	Quality and Experience	Safety Domain	TB	0	1	4	3	2	0		3	
	Complaints closed within 40 days	Quality and Experience	Responsive	DS	80%				28% 11/39	10% 2/20	24% 6/24	1	
	Referral to treatment times	Health & Wellbeing	Responsive	KT/SR/CH	TBC	KPI under development							
	Un-outcomed appointments ⁶	Quality and Experience	Effective	KT/SR/CH	TBC		2.2%	2.9%	2.6%	5.0%	4.6%		
	Data completeness	Quality and Experience	Effective	KT/SR/CH	TBC	KPI under development							
	Number of unvalidated records	Quality and Experience	Effective	KT/SR/CH	<10%	KPI under development							
	Number of Information Governance breaches ^{3, 5}	Quality and Experience	Effective	MB	<=8	36	25	29	36	9	12		
	Staff FFT survey - % staff recommending the Trust as a place to receive care and treatment	Quality and Experience	Caring	AD	80%	N/A	79.26%	N/A	80%	N/A		N/A	
	Staff FFT survey - % staff recommending the Trust as a place to work	Quality and Experience	Caring	AD	N/A	N/A	65.19%	N/A	66%	N/A		N/A	
	Number of compliments received	Quality and Experience	Caring	DS	N/A	Data not avail until Oct 16.		141	81	19	44	N/A	
	Eliminating Mixed Sex Accommodation Breaches	Quality and Experience	Safety Domain	TB	0	0	0	0	0	0	0	4	
	Number of Duty of Candour applicable incidents ⁴	Quality and Experience	Caring	TB	N/A	73	86	83	86	21	25	N/A	
	Duty of Candour - Number of Stage One exceptions ⁴	Quality and Experience	Caring	TB	N/A	Reporting established from Oct 16		0	2	1	0	N/A	
	Duty of Candour - Number of Stage One breaches ⁴	Quality and Experience	Caring	TB	0	Reporting established from Oct 16		0	1	0	0		
	% Service users on CPA given or offered a copy of their care plan	Quality and Experience	Caring	KT/SR/CH	80%	85.6%	85.0%	83.0%	85.2%	85.2%	85.0%	4	
	% of prone restraint with duration of 3 minutes or less	Quality and Experience	Safety Domain	KT/SR/CH	80%	Reporting Established from July 16		79.7%	75.6%	66.3%	68.40%	75.70%	4
	Delayed Transfers of Care	Quality and Experience	Effective	KT/SR/CH	8%	2.2%	2.6%	3.1%	2.7%	1.9%	1.7%	4	
	Number of records with up to date risk assessment	Quality and Experience	Effective	KT/SR/CH	TBC				KPI under development				
	No of staff receiving supervision within policy guidance	Quality and Experience	Well Led	KT/SR/CH	TBC				KPI under development				
	Number of Falls (inpatients)	Quality and Experience	Safety Domain	TB	TBC	162	158	136	95	38	54		
	Number of restraint incidents	Quality and Experience	Safety Domain	TB	TBC					104	140		

* See key included in glossary

- 1 - Attributable - A pressure ulcer (Grade 2 and above) that has developed after 72 hours of the first face to face contact with the patient under the care of SWYFT staff. There is evidence in care records of all interventions put in place to prevent patients developing pressure ulcers, including risk assessment, skin inspection, an equipment assessment and ordering if required, advice given and consequences of not following advice, repositioning if the patient cannot do this independently off-loading if necessary
- 2 - Avoidable - A pressure ulcer (Grade 2 and above) that has developed after 72 hours of the first face to face contact with the patient under the care of SWYFT staff. Evidence is not available as above, one component may be missing, e.g.: failure to perform a risk assessment or not ordering appropriate equipment to prevent pressure damage
- 3 - The IG breach target is based on a year on year reduction of the number of breaches across the Trust. The Trust is striving to achieve zero breaches in any one month. This metric specifically relates to confidentiality breaches.
- 4 - These incidents are those where Duty of Candour is applicable, however some may be subject to confirmation. Data correct at 13/6/17.
- 5 - The April 17 figure was reported as 6 in the May report. This has subsequently increased to 9 due to a further 3 incidents being confirmed as breaching during April 17.
- 6 - this is the year to date position for mental health direct unoutcomed appointments which is a snap shot position at a given point in time. The increase in unoutcomed appointments in April 17 is due to the report only including at 1 months worth of data.

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During 2016/17, the Trust undertook some work to develop the key quality measures. There are a few areas remaining that require additional development; these relate to:

- Referral to Treatment waiting times - we are awaiting some national guidance on this - this was anticipated to be received during November but remains outstanding. This will relate to CAMHs services. We will align our reporting to this once the report criteria is published.

- Data completeness - this indicator is being developed and will focus on the completeness of the clinical record.

As part of the Trust's ongoing review of quality, additional metrics have been identified for reporting in 2017/18 relating to:

- Number of unvalidated records – this metric will allow the Trust to track improvement required within the data quality plan. It is proposed that the threshold will be less than 10%.

- Number of records with up to date risk assessment - the target for this metric is to be agreed in line with CQUIN discussion, to be resolved by mid June. This metric will also allow the Trust to track improvement required within data quality plan.

- No of staff receiving supervision within policy guidance – This metric will allow the Trust to track improvement required within CQC action plan. The threshold is to be set by BDU.

NHS Safety Thermometer - Medicines Omissions – this is an indicator within the CQUINs for the west and has been identified as at risk of achievement. Data remains unavailable due to problems with national software system, however work continues to improve the position and has been positively reviewed by commissioners.

Additional items to note from the dashboard for May 17:

- Number of Falls (inpatients) - April 17 figure has been revised from 39 to 38 due to the recategorisation of an incident in Forensic services.

- Number of Falls (inpatients) – increase to 54 in May 17 from 38 in April 17. Increase in incidence on Ward 18 in Kirklees which is attributed to 4 multiple falls, with one service user falling 6 times and another falling 4 times in the month.

Falls reduction

In 2014, the Trust joined the national Sign up to Safety campaign, and made five pledges to improve patient safety. The pledges are being addressed through the Patient Safety Strategy implementation plan. The Trust committed to reduce avoidable harm by 2018 in five main areas, including falls. The targets for falls are to 1) reduce the frequency of falls by inpatients by 15% by 2018, and 2) reduce the frequency of inpatient falls resulting in moderate/severe harm or death by 10% by 2018.

The total number of inpatient falls fell from 823 in 2014 to 623 in 2016 with a reduction in falls causing moderate or severe harm from 19 in 2014 to 18 by 2016 with a forecast for a further reduction in 2017. The Trust remains on track to achieve the sign up to safety targets for falls by 2018.

Safety First

Summary of incidents during Q4 16/17 May 17

Summary of Incidents	Q4 16/17	Apr-17	May-17
Green no harm	1803	521	573
Green	731	227	286
Yellow	235	71	92
Amber	71	14	22
Red (should not be compared with SIs)	14	5	10
Total	2854	838	983

- All serious incidents are investigated using Root Cause and Systems Analysis techniques. Further analysis of trends and themes are available in the quarterly and annual incident reports, available on the patient safety support team intranet pages.

- Incident reporting levels remain within the normal range.

- Risk panel remains in operation and scans for trends that require further investigation. Monthly report for Operational Management Group now in place.

No never events reported in May.

Mortality – Trust processes to improve data for deaths reported on Datix is in place from 1/4/17. Monthly meetings are in place to review mortality. Work continues regionally with Mazars to improve mortality reporting and review arrangements. An internal action plan is in place in response to national guidance on learning from deaths issued in March 2017.

Summary of Serious Incidents	Q4 16/17	Apr-17	May-17
Death - cause of death unknown/ unexplained/ awaiting confirmation	2	0	0
causes	1	0	0
Death - confirmed related to substance misuse (drug and/or alcohol)	0	1	0
Fire / Fire alarm related incidents	0	0	0
Formal patient absent without leave	0	0	0
Illegal Acts	0	1	0
(including assault)	0	0	0
behaviour (not against person) by patient	0	0	0
Information disclosed in error	6	0	1
Lost or stolen paperwork	1	0	0
Patient healthcare record issues	1	0	0
against other by patient	1	0	0
against patient by patient	0	0	0
Self harm (actual harm)	0	0	1
intent	1	0	0
Slip, trip or fall - patient	0	0	0
Suicide (incl apparent) - community team care - current episode	3	2	3
team care - discharged	1	0	0
current episode	3	0	0
discharged	1	0	0
Pressure Ulcer - grade 3	3	0	0
Total	24	4	5

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Safer Staffing

Trustwide average fill rate: 111%

Overall average fill rate for registered staff was 109.7% (- 0.3)

Fill Rates for inpatient areas Nov 2016 – May 2017

Overall fill rates for the majority of Trust inpatient areas remain above 90% for Registered Staff on both days and nights.

Overall

Safer Staffing average Fill across all BDUs were RN days 91.1% (+ 1%), RN nights 101.9% (+ 1.9%) NRN days 126.2% (+ 2.7%) NRN nights 125.3 (- 0.3%).

Overall average fill rate for registered staff was 109.7 (- 0.3)

Average Fill Rates for Barnsley BDU have again increased 4% in May (113%) and in Wakefield reduced by 2% (115%) after both increasing in April by 4 and 5% respectively. Calderdale and Kirklees have increased by 2% (103%) after a 2% drop in April. The Forensic BDU fill rate has increased by 1% (110%) after a 8% decrease in April. Specialist services have decreased by 1% (179%) after a significant increase to 180% in April.

Chippendale ward fell below a 90% (88.3% down 2.6%) overall fill rate in the period of March 2017. This was attributed to, supporting other wards within the BDU. Appleton rose above the 90% threshold after falling below the previous month (92.4% rising 7.5%). Of the remaining 29 inpatient areas 22 (75.8%) achieved greater than 100%.

Where staffing falls below the escalation thresholds, safe services were maintained utilising the professional guidance tool.

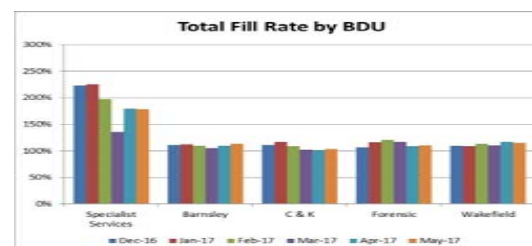
Registered On Days

The number of wards which are achieving 100% and above fill rate has remained at 10% (3 wards) in May, with again 21% (7) achieving less than the 80% threshold. These remain mainly focused in the Forensic BDU (Medium Secure Unit) with Appleton, Chippendale, Hepworth, Priestley and the Women's service being affected. Almost all have increased on the previous month with Chippendale being the only ward with a significant reduction (down 5.1%) again citing the reasons as covering other areas and vacancies among the reasons. Vacancies, maternity and sickness being listed as the main reasons for by the other areas within Forensic. Similar reasons have been given for ward 19 (0.7% increase) , Melton Suite (5.8% decrease) and Willow ward (11.4% decrease). All other wards achieving 80% or above fill rate.

Registered On Nights

The number of wards which are achieving 100% and above fill rate on nights remains consistently above 63%. No wards fell below the 80%.

BDU	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Specialist Services	222%	225%	197%	136%	180%	179%
Barnsley	111%	112%	110%	105%	109%	113%
C & K	111%	117%	108%	103%	101%	103%
Forensic	107%	116%	120%	117%	109%	110%
Wakefield	109%	109%	113%	111%	117%	115%
Grand Total	112%	116%	115%	110%	110%	111%



Annual Report for Incidents

The 2016/17 annual report for incidents has been completed. This was presented to the clinical governance and safety committee on the 13th June 2017.

This report provides an overview of all the incidents reported in the Trust during 2016/17. It also includes further analysis of Serious Incidents, and brief analysis of recommendations arising from completed Serious Incident investigations submitted to commissioners for the period of 1 April 2016 to 31 March 2017. It also contains an overview of the national developments related to patient safety that have occurred through the year and summary of the work undertaken by the Patient Safety Support Team.

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Safeguarding

- Safeguarding Adults have organised additional training 'Scams and Rogue Traders, identifying victims and what can be done' following the Kirklees Network Event. This training has been offered to Older People's services in Kirklees and additional sessions are planned for the Recovery College and during the Safeguarding Week in October 2017. Staff have reported that the training is excellent and provides them with the skills and knowledge of what actions and support are available to vulnerable adults.
- At the Wakefield Quality Intelligence Group a discussion was held about the gathering of information in order to protect adults from abuse or neglect via the completion of a Quality Intelligence Notification (QIN) form. The process has been shared with the Practice Governance Coach to disseminate the information and the safeguarding team will attend team meetings/ BDU governance meeting to provide further support to staff.
- The process of gathering data for safeguarding children training has been requested by Calderdale Safeguarding Children Board and has been developed into 'best practice guidance' for partner agencies to use.
- The safeguarding children team have been actively involved with the 'mock' JTAI neglect audits across three locality areas. Areas of learning and themes have been identified and have been shared across teams via the BDU Governance meetings and team meetings. Additionally to raise the awareness of the impact of neglect on children an email was sent to the Deputy Directors, Trio's for further dissemination of the information to frontline staff.
- The notification of the new systemised collection of quarterly Prevent Data utilising the UNIFY 2 system was received into South West Yorkshire Partnership NHS Foundation Trust via a number of routes; NHS England Prevent Lead, NHS England Prevent Support Officer and Trust Performance team. The Trust was identified as a pilot area for the new data collection and our Named Nurse safeguarding Children and Prevent Lead completed the template (using quarter 4's data as requested). The data was uploaded via the performance team and no problems were identified.

Safer Staffing Summit

A staffing summit was held on 7th June 2017 in Barnsley. This was an all-day event which was oversubscribed and had representatives of all Directorates, i.e. Finance, Nursing, HR, Health and wellbeing, safer staffing etc., as well as a large operational representation including directors, deputy directors, general manager of all the BDUs among others. This was led by Karen Taylor (District Director)

There were key presentations from Safer Staffing, Agency, Band 2-4 work stream, finance and workforce performance.

All initiatives throughout the trust to address the ongoing staffing challenges. This included the master vendor, increasing the bank resources, accelerating the process of leaver and returns, bank enhancements, overseas recruitment, engagement with universities.

The summit also considered new approaches and an action plan was developed.

CQC Re-inspection Quality Summit

We held our Quality Summit on the 13th June 2017 to consider the outcome of the revisit and facilitate the co-production of our action plan for continuous improvement. Kate Gorse-Brightmore, Inspection Manager at the CQC provided an overview of their findings and highlighted significant improvement and those areas where further improvement is required. We then provided a summary of our reflections and our action plan for the outstanding areas. All stakeholders in the room contributed to the action planning discussion which was focussed on our two main areas where system wide support is required. Feedback from the session was positive and notes of the meeting will be circulated to all attendees.

International Association of Forensic Mental Health Services Annual Conference

Assistant Director of Nursing Julie Warren-Sykes presented a keynote talk on PREVENT duty as a safeguarding issue at the International Association of Forensic Mental Health Services annual conference in Split, Croatia on Thursday 15th June 2017. There were nearly 400 delegates attending from across the world and Julies work and the work of the Trust received a very positive response. Deputy Director Mike Doyle also presented a paper on medium secure units and outcome measures, which prompted much debate and plans have been made for future collaboration with services across the UK.

Quality Headlines

CQC new inspection regime

The CQC , Shaping the future, was published in May 2016, and sets out an ambitious vision for a more targeted, responsive and collaborative approach to regulation. This response was published in June.

Changes made from the first phase consultations are:

- Changes to the assessment frameworks for NHS trusts

Assessment frameworks to help complex providers and those with more than one type of service have been simplified.

New content to strengthen specific areas and reflect current practice has been included, and improved wording to simplify the language to aid clarity and understanding has been added. Also the changes to help providers who use the frameworks for their own internal assessment and training purposes have been highlighted.

The CQC will introduce the new assessment framework and approach for NHS trusts from the second half of June 2017.

Second phase consultation

The CQC have now launched the second phase consultation on their proposed changes, which seeks views on specific proposals for how they will:

- improve the structure of registration and clarify our definition of registered providers
- monitor, inspect and rate new models of care and large or complex providers
- use our unique knowledge to encourage improvements in the quality of care in local areas
- regulate primary medical services and adult social care services
- carry out our role in relation to the fit and proper persons requirement.

The CQC state they want to keep the elements that they know people value, and to improve what people tell them they can do better. They will continue to work with people who use services, providers, professionals and our other local and national partners to co-produce what we do.

Infection prevention & control

- In Q1 there has been 1 confirmed case of C difficile for Barnsley BDU (MVH), yet to go to PIR, but it is highly likely this will be classed as unavoidable. Barnsley BDU has a locally agreed C difficile Toxin Positive Target of 6
- Mandatory training targets remain stable constantly above 80% threshold.
- Hand Hygiene-Trust wide Total – 88%
- Infection Prevention and Control- Trust wide Total – 83%
- An experienced IPC specialist nurse has taken a secondment opportunity to support Locala for 22.5hr for 6 months. We are hoping to backfill to the post and hoping to maintain business as usual. This situation will be monitored.

Commissioning for Quality and Innovation (CQUIN)

The Trust submitted its quarter 4 returns at the end of April. Validation by all commissioners has not yet been undertaken due to awaiting some national data and final validation of indicators. It is anticipated that this will be undertaken by the end of May 17.

A shortfall against target of £281k is anticipated for Q4. This is largely in line with forecast.

For 2017/18 the CQUIN schemes will be part of a national two year scheme and will run until 2018/19. The scheme is intended to deliver clinical quality improvements and drive transformational change, supporting the ambitions of the Five Year Forward View and directly linking to the NHS Mandate. A number of the indicators work across partner organisations and collaboration will be required. The national CQUIN indicators on improving the health of our staff, and Physical Health for people with Severe Mental Illness are retained from the 2016/17 scheme and new indicators for the Trust will be:

- Preventing ill health by risky behaviours – alcohol and tobacco
- Child and Young Person MH Transition
- Improving services for people with mental health needs who present to A&E

A Trust lead for each of these indicators has been identified, some preliminary discussions have taken place with commissioners and work continues to review the indicators in conjunction with the commissioner and work streams are being established. Progress on this will be monitored via the Trust CQUINS leads group.

0.5% of CQUIN for 17/18 is dependent upon achievement of 16/17 control total and 17/18 STP performance.

Forensic services will continue with the national forensic scheme, this will include 2 indicators, both of which the indicators are a continuation of the 2016/17 scheme:

- Recovery colleges for medium and low secure patients
- Reducing restrictive practices within adult low and medium secure services.

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Quality Headlines

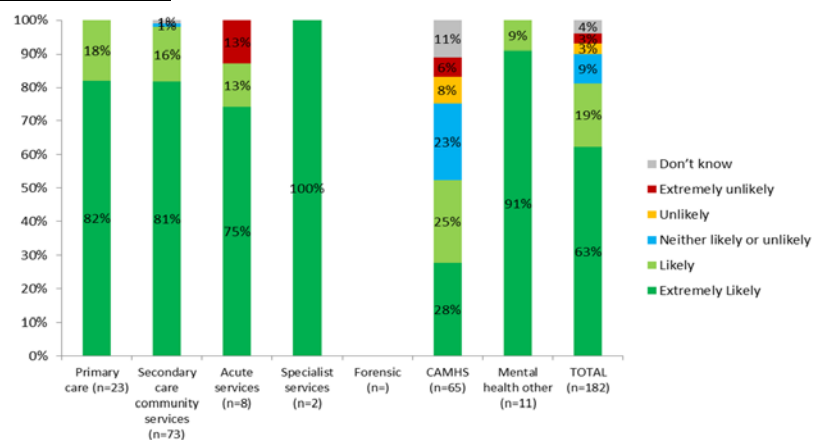
Patient Experience

The customer services annual report is included at agenda item 6.2 of the public session and contains further analysis.

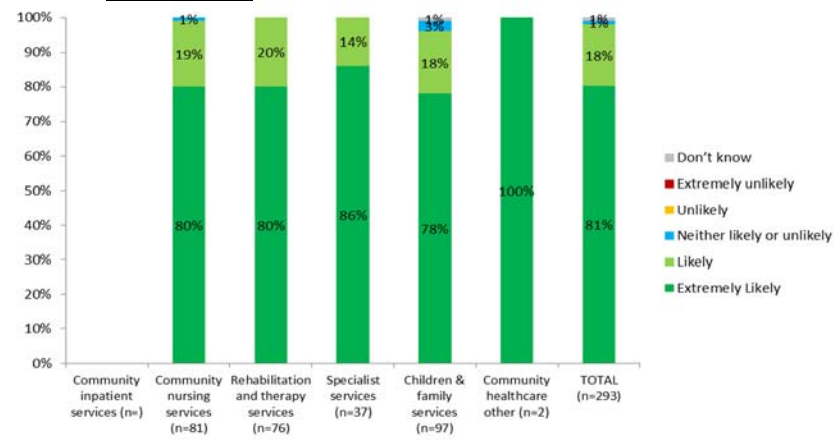
Friends and family test shows

- Community Services – 99% would recommend community services.
- All service lines achieved 78% or above for patients/carers stating they were extremely likely to recommend the Trust's services.
- Mental Health Services – 82% would recommend mental health services.
- Significant variance across the services in the numbers extremely likely to recommend the Trust– between 28% (CAMH services) and 100% (Specialist services)
- Small numbers stating they were extremely unlikely to recommend.

Mental Health Services



Community Services



Information Governance

- None of the reported breaches, year to date, have met the criteria for reporting to the ICO.
- Whilst the average number of breaches remains largely the same, the category of breach has shifted from incidents caused by incorrect addresses, this indicates that the extra IG training and communications in addition to the work that has been undertaken to correct mismatched demographics are having some impact.
- There has been a rise in incidents of confidential conversations being overheard and of confidential papers being left in consulting rooms, patients' rooms, etc - each of these are being reviewed as they occur and any themes will be identified to allow for mitigating action to be undertaken.

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This section of the report outlines the Trusts performance against a number of national metrics. These have been categorised into metrics relating to:

- NHS Improvement Single Oversight Framework - NHS providers must strive to meet key national access standards, including those in the NHS Constitution. During 16/17, NHS Improvement introduced a new framework for monitoring provider's performance. One element of the framework relates to operational performance and this will be measured using a range of existing nationally collected and evaluated datasets, where possible. The below table lists the metrics that will be monitored and identifies baseline data where available and identifies performance against threshold.
 - Mental Health Five Year Forward View programme – a number of metrics were identified by the Mental Health Taskforce to assist in the monitoring of the achievement of the recommendations of the national strategy. The following table outlines the Trust's performance against these metrics that are not already included elsewhere in the report.
 - NHS Standard Contract against which the Trust is monitored by its commissioners. Metrics from these categories may already exist in other sections of the report.
- The frequency of the monitoring against these KPIs will be monthly and quarterly depending on the measure. The Trust will continue to monitor performance against all KPIs on a monthly basis where possible and will flag up any areas of risk to the board.

NHS Improvement - Single Oversight Metrics

KPI	Objective	CQC Domain	Owner	Target	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Apr-17	May-17	Year End Forecast Position *	Trend
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Health & Wellbeing	Responsive	SR	92%	98.2%	97.0%	97.5%	98.7%	98.9%	97.8%	4	
Maximum 6-week wait for diagnostic procedures	Health & Wellbeing	Responsive	SR	99%	99.6%	100%	100%	100%	99%	100%	4	
% Admissions Gatekept by CRS Teams	Health & Wellbeing	Responsive	SR/KT	95%	96.9%	99.3%	99.2%	99.3%	95.6%	98.3%	4	
% SU on CPA Followed up Within 7 Days of Discharge	Health & Wellbeing	Safe	SR/KT	95%	96.7%	97.8%	97.3%	97.5%	98.3%		4	
Data completeness: Identifiers (mental health)	Health & Wellbeing	Responsive	SR/KT/CH	95%	98.1%	99.7%	99.8%	99.7%	Data Not avail ₃	99.7%	4	
Data completeness: Priority Metrics (mental health)	Health & Wellbeing	Responsive	SR/KT/CH	85% (by end March 17)	Reporting developed from Oct 16		42.3%	61.1%	Data Not avail ₃	Data avail end June	2 *	
IAPT - proportion of people completing treatment who move to recovery	Health & Wellbeing	Responsive	SR/KT	50%	50.1%	52.5%	48.0%	50.5%	45.6%	49.4%	3	
IAPT - Treatment within 6 Weeks of referral	Health & Wellbeing	Responsive	SR/KT	75%	76.1%	83.6%	88.9%	86.0%	80.3%	84.17%	4	
IAPT - Treatment within 18 weeks of referral	Health & Wellbeing	Responsive	SR/KT	95%	98.9%	99.3%	97.9%	99.9%	99.6%	99.44%	4	
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Health & Wellbeing	Responsive	SR/KT	50%	77.5%	82.0%	82.2%	73.6%	86.1%	88.9%	4	
% clients in settled accommodation	Health & Wellbeing	Responsive	DS	60%	Reporting developed from Sept 16		82.7%	82.9%	Data Not avail ₃	Data avail end June	4	
% clients in employment	Health & Wellbeing	Responsive	DS	10%	Reporting developed from Sept 16		8.3%	8.8%	Data Not avail ₃	Data avail end June	1	
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas: a) inpatient wards / b) early intervention in psychosis services / c) community mental health services (people on Care Programme Approach)	Health & Wellbeing	Responsive	SR/KT		Performance due to be published end May 17				Due Q4		2	



Mental Health Five Year Forward View	Objective	CQC Domain	Owner	Target	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Apr-17	May-17	Year End Forecast Position *	Trend
Total bed days of Children and Younger People under 18 in adult inpatient wards	Health & Wellbeing	Safe	KT/SR/CH	TBC	14	2	60	86	0	1	N/A	
Total number of Children and Younger People under 18 in adult inpatient wards	Health & Wellbeing	Safe	KT/SR/CH	TBC	4	1	4	3	0	1	N/A	
Number of detentions under the Mental Health Act	Health & Wellbeing	Safe	KT/SR/CH	TBC	167	174	156	168	Data avail at Qtr end		N/A	
Proportion of people detained under the MHA who are BME 2	Health & Wellbeing	Safe	KT/SR/CH	TBC	15.0%	10.3%	10.9%	19.6%			N/A	

NHS Standard Contract	Objective	CQC Domain	Owner	Target	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Apr-17	May-17	Year End Forecast Position *	Trend
Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance 1	Health & Wellbeing	Responsive	KT/SR/CH	90%	97.8%	97.9%	97.8%	98.0%	Data Not avail 3	95.9%	4	
Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	Health & Wellbeing	Responsive	KT/SR/CH	99%	99.5%	99.6%	99.7%	99.7%	Data Not avail 3	Data avail end June	4	
Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance	Health & Wellbeing	Responsive	KT/SR/CH	90%	89.6%	91.1%	94.0%	90.2%	Data Not avail 3	Data avail end June	4	

* See key included in glossary.

1 - In order to provide the board with timely data, data from the IAPT dataset primary submission is used to give an indication of performance and then refreshed the following month using the refreshed dataset data.

2 - BME includes mixed, Asian/Asian British, black, black British, other

3 - There was no April Primary submission this month due to the transition to MHSDS v2. Data to flow monthly from May 17 onwards.

Areas of concern/to note:

IAPT - proportion of people completing treatment who move to recovery – In April and May the Trust has not achieved the 50% threshold this month (49.4%). Underperformance is attributed to Kirklees (43.6%) and Barnsley (42.1%). Work continues to taking place within both services to review the data – Kirklees are focusing on data quality and Barnsley are undertaking a review of the referrals to identify whether there are issue with referral appropriateness.

Max time of 18 weeks from point of referral to treatment - incomplete pathway - no performance issues to flag for May 17 however, from 1st June the implementation of the Diabetes SPA in Barnsley, which is hosted by SWYPFT, will mean that additional data will flow into this line from next month as the service aligns to the RTT reporting definition. Some risk in achievement has been identified, however this is based on the SWYPFT only element of data and it has been acknowledged there are a number of data quality issues impacting. A number of mitigating actions have been put in place as part of the SPA implementation which will assist with the position going forward. Data is being monitored on a weekly basis, however it is unlikely we will see the impact of this until late September/early October.

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This section of the report is to be developed during 2016/17 and populated with key performance issues or highlights as reported by each BDU.

Barnsley BDU:

- In response to apparent underperformance against activity targets for IHBTT, managers and P&I have undertaken diagnostic work and remedial action around how contacts are recorded and counted. This has resulted in a more accurate picture of activity in the team, moving from significant underperformance to an over performance of 34% in this month's report
- Work is ongoing around the development of the core service as part of the new model following Transformation. Trios are in discussion with the Core teams and the Transformation team to develop supportive plans to embed the new ways of working in the BDU.
- Sickness we are refreshing training to all levels of staff in order to strengthen our focus.
- New respiratory model – activity will be changing and under the Alliance contract BHNFT will be the lead, so we need to note the effect this will have in Q2.

Calderdale & Kirklees BDU:

- Discussions have taken place with NHS North Kirklees and Greater Huddersfield CCGs to discuss the model for in-patient and community Rehabilitation services. Similar discussions have also taken place with Calderdale CCG.
- Early Intervention Psychosis 14 day is at 68% and well above target.
- Delayed transfers of care remain improved but under constant scrutiny.
- Meeting with Calderdale CCG on Psychology waiting has been helpful and further actions have been agreed to review its access protocols to IAPT for longer term support and to discuss with Primary Care controls over referrals to the service.

Forensics BDU:

- Recruitment of Registered Nurses continues to be a challenge with 23 Band 5 vacancies across the BDU. These vacancies have been appointed to, but staff are not due to commence work with the Trust until September meaning the service will have significant gaps throughout the summer period. There are a further 10 vacancies comprising of more senior posts, AHP roles and unregistered staff vacancies. The service have a fortnightly Workforce Review meeting which focuses on ensuring that activity is focused on ensuring there are adequate numbers of staff to deliver a safe service. Over recruitment of unregistered staff is on track and we envisage this will help to reduce the cost of agency which has been significant in recent times.
- 25 Hours activity. The Medium and Low secure services have intermittently struggled to meet this target. Earlier attempts to remedy this were not consistently successful. The service has undertaken a larger piece of work involving frontline staff to determine the barriers to achievement of this target. Several reasons were identified. As a result staff have been involved in redefining categories with some solutions found to recording being made as easy as possible. We have re-launched the revised criteria and ward managers will work with staff to this is embedded in practice. More timely reporting from P&I should enable remedial action to be taken as soon as possible.
- Occupancy is currently:
YTD cumulative position is:

	Apr	May
Med Secure (exclude Gaskell)	87%	86.5%
Low Secure (include Newhaven)	86.5%	84.7%
TOTAL	86.8%	85.8%

Although commissioners have indicated that a financial penalty will not be incurred the service will remain focused on this issue and work with NHSE to ensure optimum and appropriate use of beds. A number (but not all vacant beds) are in our LD services which is a likely result of the Transforming care agenda. The service is due to meet with NHSE in the near future to explore potential solutions.

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Specialist BDU:

CAMHS

- A New Model of Care bid submitted as part of the West Yorkshire and Harrogate STP and West Yorkshire Mental HealthTrust Collaborative has been approved by NHSE. This will provide for project management support in developing more robust and consistent approaches to reducing the need for inpatient stays - for example through creating safe space alternatives.
- From 5 June 2017 a strengthened on call system has been introduced – incorporating a management on-call function.
- CAMHS was the focus of a Bamsley Council Overview and Scrutiny Committee on 21 June 2017. The significant progress in reducing waits for initial assessment and plans regarding creation of a new SPA function were noted. However, waiting times for treatment remained unsatisfactory and it was recognised that improvement work in this regard must be prioritised.
- Whilst the 18 week waiting time for treatment benchmark has been achieved in Calderdale/Kirklees Barnsley and Wakefield remain significantly outside this standard. The waiting list initiatives have provided impetus for a notable reduction in the number waiting for treatment in Barnsley - with the reduction most evident in the number of children/young people waiting the longest (i.e. over 6 months). In recognition Barnsley commissioners agreed to extend funding until June 2017. The increase in numbers waiting in Wakefield is due to the greater volume of primary care practitioner activity (where children/young people are identified to be 'waiting' but are seen very quickly).

Learning Disability

- Robust reporting and charging arrangements are now in place with regard to the 2 spot purchase in-patient beds. A marketing plan is being developed to ensure high occupancy levels are maintained.

Wakefield BDU:

- The management team have noted a downward trend in % of responses within 4 hours over recent months. Work is ongoing to understand this and to take positive action to improve this going forward.
- Wakefield Community services achieved the highest response rate in the Trust to the recent Wellbeing survey at 85.35% There was a significant improvement from last year's survey as a result of a detailed action plan and real engagement with staff to address issues raised. The high response rate against a backdrop of Transformation, moving into the Hubs and introduction of Agile working endorses the hard work of the team to support the wellbeing of staff
- Work is ongoing around the development of the Core service as part of the new model following Transformation. Trios are in discussion with the Core teams and the Transformation team to develop supportive plans to embed the new ways of working in the BDU

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This section of the report reports the Trust's progress against the identified transformation projects.

Acute & Community Mental Health Transformation Project

The Trust has implemented the 'core and enhanced' community pathways which have been designed through this project. These services went live on 3rd April 2017, and there is continuing work planned throughout the year to embed the new ways of working and ensure consistency of service development is maintained. Each BDU currently has working groups in place to support the implementation and learning is being shared across the organisation. The implementation of the enhanced pathway has been going well across the trust. There have been some issues in the core pathway because of the amount of change required - these are being positively addressed in each BDU and an event to focus on core pathway implementation is being scheduled for September 2017 when services are more embedded. A project closure report has been completed and shared with the mental health transformation work stream board in May. Additional finance information is being added to the report, which will then go to EMT in late June or July for agreement to handover to business as usual.

Delivery against plan

Feedback from BDUs suggests that whilst the enhanced part of the new pathway is working well, that there have been initial issues in the core pathway. A meeting is being organised to consider the issues and further activity will be planned as / if necessary.

Management of risk

Benefits arising from this project will be: more flexible and responsive deployment of resources; simpler and faster core pathway, supporting sustainable recovery. Savings from the transformation are currently being established and will form part of the project closure report. The Business Delivery Units are now embedding the new system structures and achievement of benefits will be measured at the 6 and 12 months post implementation reviews (October 2017 and April 2018).

Benefits Realisation

QIAs for each BDU were signed off by the Quality Team in January 2017. A benefits framework has been established to track the delivery of the quality improvements and these will be tracked in the year post implementation.

Quality impact



Older Peoples Mental Health Transformation Project

Work is progressing well toward the business case although there has been some slippage due to changes in the project team and challenges of agreeing new workforce models. A revised plan is in draft that rebases the project. Commissioner engagement has happened with all commissioners and there has been positive feedback overall to the principles of the new model, in particular pleased that the model supports integration across all our older people's services whilst protecting the specialisms and specialities of our staff. Working groups have been held to map future pathways in detail to inform workforce modelling. A task and finish group is making good progress toward agreeing preferred options and are currently considering the clinical quality of the future environment, access and travel, and financial sustainability.

Delivery against plan

There remains a risk that some financial benefits identified can't be fully realised if parts of the community workforce require enhancing. The project team has now met all commissioners following a positive meeting with Barnsley in May and the project team and the BDU are meeting to draft a response to some follow on queries.

Management of risk

Benefits are targeted in 2018/2019 options will be modelled up and considered in the business case, due to be completed by end July/early August.

Benefits Realisation

Extensive engagement around clinical model provides assurance of positive quality impact. A Quality Impact Assessment will be produced with the business case.

Quality impact





Rehab and Recovery Transformation Project

A community service model is agreed in principle with local CCGs and has been implemented in Wakefield. Implementation in Calderdale is expected in 2017/2018. In Kirklees, a plan is now in place to reduce patient numbers in Enfield Down and establish resource that could support a community service model – this work had been delayed whilst awaiting agreement on the future model and it is now hoped that this can progress more quickly. The project scope in Kirklees for the full system model is still to be agreed - however strategic discussions between the BDU and Kirklees commissioners have been positive and it is hoped quick progress will be found on a way forward.	Delivery against plan	
Risk that there is not a consistent approach o service provision across West Yorkshire	Management of risk	
Financial benefits have already been realised in Wakefield and further financial savings are anticipated in Calderdale during 2017/18. All parties are keen to reinvest savings in mental health where possible.	Benefits Realisation	
The project undertook a Quality Impact Assessment in design phase, and a new QIA plus further engagement is likely to be required following decisions on how to progress activity in Kirklees.	Quality impact	





Barnsley Therapy Services Review

A revised project closure report is due for submission to Barnsley BDU Management Team by end of June 2017. The move to 'business as usual' for the Therapy Services has taken place and the roll out of SystmOne across all therapy services continues. This project has now been formally closed.	Delivery against plan	
	Management of risk	
The purpose of phase one of this project was to bring together therapy administration to create a therapy single point of access and bring together appropriate clinical therapies to efficiently utilise skills and knowledge across services and provide most effective quality care to patients. Phase one was completed successfully. Any savings made through Therapy administrative services reconfiguration have been counted as part of the Barnsley Administrative Services Review. Any other benefits will be summarised in the project closure report. PMO will support Barnsley services to perform a benefits realisation review in December 2017.	Benefits Realisation	
This project had a QIA conducted in the business case phase – it indicated a positive impact on quality through co-location and creation of centres of excellence, but also noted that consolidation of services moves some provision further from communities. The QIA will be revisited and updated to reflect the changes undertaken in service.	Quality impact	

Barnsley Community Nursing Transformation

Service mobilisation is complete. Whilst supportive training and development, including systems leader sessions, and agile working rollout continue, the service has moved into business as usual. Work has commenced, in conjunction with CCG, to plan a celebrating success event scheduled for the summer. A revised project closure report is due for submission to Barnsley BDU Management Team by end of June 2017.	Delivery against plan	
	Management of risk	
The purpose of this project is to: ensure the right person, right contact, and right time; and to equip more patients to self-care; better integrate community nursing, care navigation teams, and establish integrated teams in localities which align with primary and social care. In 2016, the delivery direction of the project changed to reflect local commissioner intentions and the issue of a new service specification. Outcome measures have been agreed with BCCG and monthly reports on attainment are provided to BCCG. Benefits realised will be included in the project closure report. PMO will support Barnsley services to perform a benefits realisation review in December 2017.	Benefits Realisation	
This project had a QIA conducted in the business case phase – it indicated positive impact on quality. This is being repeated and updated to reflect the changes in services. Patient and carer surveys have been undertaken and submitted to BCCG. An updated QIA is scheduled for completion by end of June 2017.	Quality impact	

Key for Transformation:	
Implementation deliverables	RAG Ratings
On Target to deliver within agreed timescales	On Target to deliver within agreed timescales/project tolerances
On Trajectory but concerns on ability/confident to deliver within agreed timescales	On Trajectory but concerns on ability/confident to deliver actions within agreed timescales/project tolerances
Off Trajectory and concerns on ability/capacity to deliver within agreed timescales	Off Trajectory and concerns on ability/capacity to deliver actions within agreed timescales/project tolerances
Action will not be delivered within agreed timescales	Actions will not be delivered within agreed timescales/project tolerances
Action Complete	Action Complete

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This section of the report reports the Trust's progress against the identified Trust priorities for 2017/2018.

The framework below is a proposal for how we will report on progress with Trust priorities. Initially this will show the necessary components each programme needs to have in place to get started (SRO, scope, operational lead, clinical lead and programme and change manager, etc) and then report on progress against plan, risk and benefits in subsequent updates.

In respect of the priority programmes so far we can report that:

- Director SROs for each priority programme are confirmed
- SROs and Integrated Change Team are meeting to agree support requirements by end June
- Governance arrangements for each priority programme confirmed and established in July
- Milestones for each priority programme to be confirmed in July
- Regular reporting on milestones and KPIs via IPR from July onwards
- Trust Board is already sighted on progress being made in Barnsley and Wakefield in respect of ACO development
- Procurement process for clinical record system is approaching completion

	Governance												Scoping Phase									
	SRO Identified		Scope Agreed		Governance Route Agreed		Clinical lead Identified		Operational lead Identified		Change Manager Identified		RAG	1st Draft PID	Clinical Lead input		SRO Sign Off		Governance Board Approval		RAG	
IMPROVING HEALTH																						
Strategic Priority One: People First																						
1.1 Enhancing Liaison Services	✓	Date	✓	Date	✓	Date	✓	Date	✓	Date	✓	Date		✓	Date	✓	Date	✓	Date	✓	Date	
1.2 Improving people's experience	✓	Date	✓	Date	✓	Date	✓	Date	✓	Date	✓	Date		✓	Date	✓	Date	✓	Date	✓	Date	
1.3 Recovery based approaches	✓	Date	✓	Date	✓	Date	✓	Date	✓	Date	✓	Date		✓	Date	✓	Date	✓	Date	✓	Date	
1.4 Physical /Mental health	✓	Date	✓	Date	✓	Date	✓	Date	✓	Date	✓	Date		✓	Date	✓	Date	✓	Date	✓	Date	
Strategic Priority Two: Joining up Care																						
2.1 Supporting place-based plans	✓	Date	✓	Date	✓	Date	✓	Date	✓	Date	✓	Date		✓	Date	✓	Date	✓	Date	✓	Date	
2.2 Accountable Care in Barnsley and Wakefield	✓	Date	✓	Date	✓	Date	✓	Date	✓	Date	✓	Date		✓	Date	✓	Date	✓	Date	✓	Date	
2.3 New models of care and vanguards	✓	Date	✓	Date	✓	Date	✓	Date	✓	Date	✓	Date		✓	Date	✓	Date	✓	Date	✓	Date	

IMPROVING CARE**Strategic Priority Three: Quality Counts, Safety First**

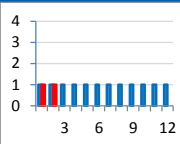
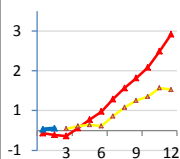
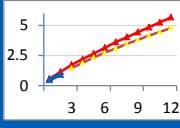
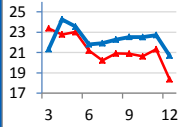
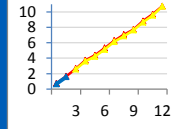
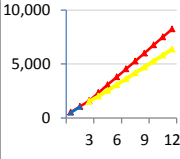
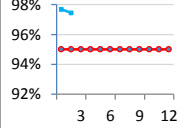
3.1 Patient Safety	Please see the Quality section of the report.																						
3.2 Older People's MH transformation	Please see the transformation section of the report.																						
3.3 Improving autism and ADHD	✓	Date	✓	Date	✓	Date	✓	Date	✓	Date	✓	Date	✓	✓	Date	✓	Date	✓	Date	✓	Date	✓	✓
3.4 Perinatal mental health	✓	Date	✓	Date	✓	Date	✓	Date	✓	Date	✓	Date	✓	✓	Date	✓	Date	✓	Date	✓	Date	✓	✓
3.5 West Yorkshire work – CAMHS, forensics, suicide prevention	✓	Date	✓	Date	✓	Date	✓	Date	✓	Date	✓	Date	✓	✓	Date	✓	Date	✓	Date	✓	Date	✓	✓
3.6 Quality priorities	✓	Date	✓	Date	✓	Date	✓	Date	✓	Date	✓	Date	✓	✓	Date	✓	Date	✓	Date	✓	Date	✓	✓
Strategic Priority Four: Compassionate Leadership																							
4.1 Leadership development	✓	Date	✓	Date	✓	Date	✓	Date	✓	Date	✓	Date	✓	✓	Date	✓	Date	✓	Date	✓	Date	✓	✓
4.2 Change and quality improvement	✓	Date	✓	Date	✓	Date	✓	Date	✓	Date	✓	Date	✓	✓	Date	✓	Date	✓	Date	✓	Date	✓	✓
4.3 Membership	✓	Date	✓	Date	✓	Date	✓	Date	✓	Date	✓	Date	✓	✓	Date	✓	Date	✓	Date	✓	Date	✓	✓




IMPROVING USE OF RESOURCES**Strategic Priority Five: Operational Excellence**

5.1 Flow and out of area beds	✓	Date	✓	Date	✓	Date	✓	Date	✓	Date	✓	Date		✓	Date	✓	Date	✓	Date	✓	Date		
5.2 Workforce – sickness, rostering, skill mix and agency	✓	Date	✓	Date	✓	Date	✓	Date	✓	Date	✓	Date		✓	Date	✓	Date	✓	Date	✓	Date		
5.3 Effective use of supplies and resources	✓	Date	✓	Date	✓	Date	✓	Date	✓	Date	✓	Date		✓	Date	✓	Date	✓	Date	✓	Date		
5.4 CQUIN	Please see the Quality section of the report.																						
5.5 Financial sustainability and CIP	Please see the finance section of the report and supporting appendix.																						
Strategic Priority Six: Digital by Default																							
6.1 Clinical record system	✓	Date	✓	Date	✓	Date	✓	Date	✓	Date	✓	Date		✓	Date	✓	Date	✓	Date	✓	Date		
6.2 Digital health	✓	Date	✓	Date	✓	Date	✓	Date	✓	Date	✓	Date		✓	Date	✓	Date	✓	Date	✓	Date		
6.3 Data driven improvements and innovation	✓	Date	✓	Date	✓	Date	✓	Date	✓	Date	✓	Date		✓	Date	✓	Date	✓	Date	✓	Date		

RAG Ratings	
On Target to deliver within agreed timescales/project tolerances	
On Trajectory but concerns on ability/confident to deliver actions within agreed timescales/project tolerances	
Off Trajectory and concerns on ability/capacity to deliver actions within agreed timescales/project tolerances	
Actions will not be delivered within agreed timescales/project tolerances	
Action Complete	

1.0 Finance Executive Summary / Key Performance Indicators

Performance Indicator	Year to Date	Forecast	Narrative	Trend
1 NHS Improvement Risk Rating	1	1	The NHS Improvement financial risk rating is 1 for the year to May 2017. All metrics, with the exception of the I & E margin, are 1. I & E margin needs to be increase to greater than 1% to score 1. (approximately a £100k increase in surplus to date).	
2 Normalised Surplus	£0.2m	£2.4m	May 2017 finance performance excluding STF is a small surplus of £27k. Including STF this is a surplus of £97k. The forecast is currently in line with plan. Out of Area beds (in month £164k overspend) and Agency staff (as below) continue to be a pressure in 2017/18 and subject to focused attention.	
3 Agency Cap	£1.2m	£7.0m	Agency expenditure in May 2017 is £0.4m. The agency cap for 2017 / 2018 is £5.7m. Review, validation and actions at an individual post level continue.	
4 Cash	£21.5m	£20.7m	The month 2 cash position is lower than planned primarily due to 2016 / 2017 STF receipts and other timing issues.	
5 Capital	£1.6m	£10.7m	Capital expenditure is marginally behind plan in month 2 due to delays in minor capital schemes and IM & T projects.	
6 Delivery of CIP	£1m	£6.4m	Year to date CIP delivery is £50k behind plan. Overall the forecast position is £1.9m below plan. Themes are being developed to close this gap with specific schemes in progress with executive director leads. e.g. effective rostering, temporary staffing review.	
7 Better Payment	97%		This performance is based upon a combined NHS / Non NHS value.	

Red	Variance from plan greater than 15%	Plan	
Amber	Variance from plan ranging from 5% to 15%	Actual	
Green	In line, or greater than plan	Forecast	

Summary

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National Metrics

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Contracting

Contracting Issues - General

Following the production of the Joint assurance letters with CCGs providing preliminary assurances in relation to growth in Mental Health investment in line with the Five Year Forward View, meetings are being arranged with individual CCGs. Investment in Five Year Forward View (FYFV) will be monitored with the Wakefield, Calderdale and Kirklees CCGs through the Partnership Board and in Barnsley through the Contract Management Executive Board. At a strategic level preparation for the development of New Models of Care are key priority areas. Contracting workstreams have now been established to underpin the contractual formats for the development of an Accountable Care Organisation in Barnsley and the development of a Multispecialty Community Provider in Wakefield.

CQUIN

Work continues internally and with commissioners to ensure clarity on definitions and required data sets in relation to 17/18 CQUINs. Work continues on implementation of systems and processes for 17/18 CQUINs.

QIPP

There are no specific Cash releasing QIPP targets for 17/18.

Contracting Issues – Barnsley

Implementation of the new models of care for the Neighbourhood Nursing Service continues as part of the Alliance Contract. A commercial workstream has now been established as part of the governance arrangements for the creation of Accountable Care Organisation in Barnsley. Following the joint assurance on Five Year Forward View Investment submitted to NHS E progress and updates will be monitored through the Contract Management Executive Board. Key strategic work areas as part of the contract service development plan relate to Intermediate Care Services, Respiratory, Diabetes and MSK Services.

Contracting Issues – Calderdale

Following the joint assurance on Five Year Forward View Investment submitted to NHS E, progress and updates will be monitored through the quarterly Partnership Board. Discussions continue regarding a sustainable specialist ASD Services for Adults, a sustainable 24/7 crisis resolution service and pressures within Psychology service. Key ongoing workstreams include the full implementation of the perinatal service across Barnsley, Wakefield, Calderdale and Kirklees. Confirmation has been received from NHS E of successful application for funding in 2018/19 related to full implementation of services to meet core 24/7 Mental Health Liaison requirements jointly with Greater Huddersfield.

Contracting Issues – Kirklees

Following the joint assurance on Five Year Forward View Investment submitted to NHS E, progress and updates will be monitored through the quarterly Partnership Board. The current priority areas of work related to Kirklees CCG's contracts include IAPT services and expansion to Long Term Conditions and the reconfiguration of adult mental health rehabilitation services. Discussions continue regarding a sustainable specialist ASD Services for Adults. Key ongoing workstreams include the mobilisation and implementation of the expansion of IAPT services to Long Term Conditions and full implementation of the perinatal service across Barnsley, Wakefield, Calderdale and Kirklees. For Greater Huddersfield confirmation has been received from NHS E of successful application for funding in 2018/19 related to full implementation of services to meet core 24/7 Mental Health Liaison requirements jointly with Calderdale. For North Kirklees, confirmation has been received from NHS E of successful application for funding in 17/18 related to full implementation of core 24/7 Mental Health Liaison requirements jointly with Wakefield.

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Contracting Issues- Wakefield

Following the joint assurance on Five Year Forward View Investment submitted to NHS E, progress and updates will be monitored through the quarterly Partnership Board. The commissioning of an Adult ASD assessment, diagnostics and treatment service commenced from 1 April 2017. A virtual MCP model will be mobilised in April 2017, and an alliance contract arrangement with other system partners will be entered into. The new contract for the provision of the Social Wellbeing Service jointly between SWYPFT and Nova commenced from 1 April 2017. A key ongoing workstream includes the full implementation of the perinatal service across Barnsley, Wakefield, Calderdale and Kirklees. Confirmation has been received from NHS E of successful application for funding in 17/18 related to full implementation of core 24/7 Mental Health Liaison requirements jointly with North Kirklees.

Contracting Issues - Forensics

The key area of monitoring continues to relate to the occupancy target. The sub contract for advocacy services is currently being procured.

Contracting Issues – Other

The re-procurement of smoke free services for Sheffield formally commenced on 28th April 2017. SWYPFT holds the contract until 30th September. Doncaster smoke free services are due for re-procurement in June. SWYPFT holds the contract until 31st March 2018.

Summary

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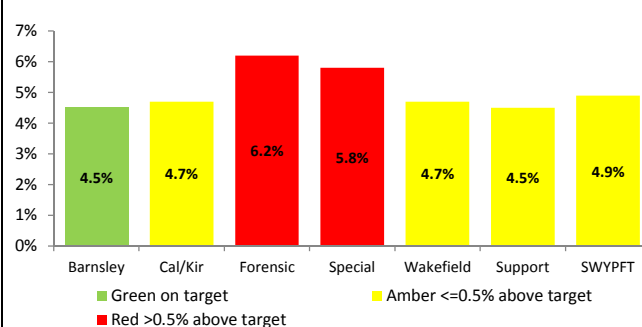
Finance/Contracts

Workforce

Workforce

Human Resources Performance Dashboard - May 2017

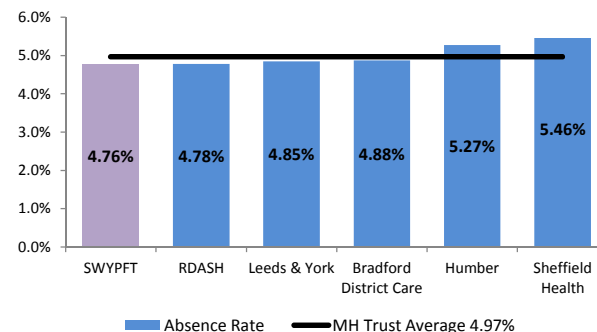
Sickness Absence



Current Absence Position - May 2017

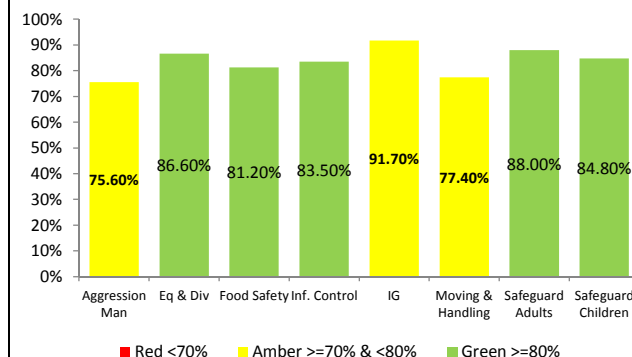
	Barn	Cal/Kir	Fore	Spec	Wake	Supp	SWYPFT
Rate	4.5%	4.8%	5.3%	5.7%	4.4%	4.7%	4.8%
Trend	↓	↔	↓	↑	↓	↑	↓

The Trust YTD absence levels in May 2017 (chart above) were above the overall 4.5% target at 4.9%.



The above chart shows the YTD absence levels in MH/LD Trusts in our region for 6 months from April to September 2016. During this time the Trust's absence rate was 4.76% which is below the regional average of 4.97%.

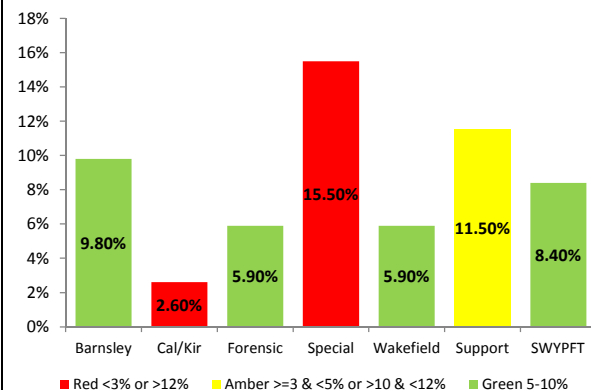
Mandatory Training



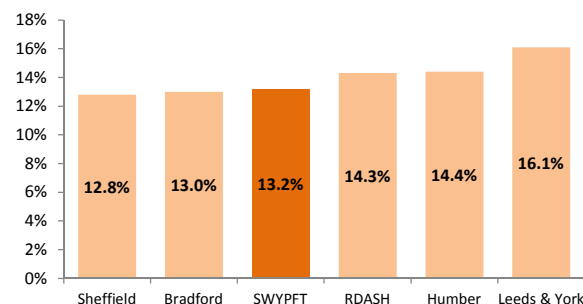
The above chart shows the mandatory training rates for the Trust to the end of May 2017.

Apart from Information Governance (IG), all mandatory training has a target of above 80%; IG has a target of above 95%; all are based on a rolling year.

Turnover and Stability Rate Benchmark



This chart shows the YTD turnover levels up to the end of May 2017. Turnover figures may look out of line with the average across the Trust but this is because of the small amount of data; the figures will level out over the new reporting year.



The above chart shows turnover for registered nurses during 2016/17. The Trust's figures have been adjusted to exclude leavers as part of the 0 - 19 transfer.

Fire Training Attendance



The chart shows the YTD fire lecture figures to the end of May 2017. The Trust continues to achieve its 80% target for fire lecture training and all areas are now above the target.

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Workforce - Performance Wall

Trust Performance Wall															
Month	Objective	CQC Domain	Owner	Threshold	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	4.6%	4.7%	4.7%	4.7%	4.8%	4.9%	5.0%	5.1%	5.1%	4.9%	4.9%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	4.8%	5.0%	4.7%	4.6%	5.2%	5.8%	6.1%	5.8%	5.3%	4.9%	4.8%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	56.7%	71.0%	81.4%	84.8%	89.8%	93.2%	93.7%	94.4%	94.9%	5.2%	17.6%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	26.8%	44.3%	68.5%	76.8%	84.9%	89.0%	91.4%	92.8%	93.6%	1.9%	5.3%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	80.8%	81.0%	82.4%	80.0%	78.8%	78.4%	77.6%	77.2%	76.6%	76.4%	75.6%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80% by 31/3/17	62.0%	60.6%	63.2%	65.0%	66.9%	69.7%	72.8%	73.8%	73.9%	75.2%	75.3%
Clinical Risk	Quality & Experience	Well Led	AD	>=80% by 31/3/17	28.2%	39.0%	41.0%	39.9%	45.1%	53.5%	55.3%	60.4%	62.2%	64.8%	65.3%
Equality and Diversity	Resources	Well Led	AD	>=80%	91.9%	91.7%	90.9%	90.3%	89.4%	90.1%	89.0%	89.4%	88.2%	87.3%	86.6%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	84.5%	85.1%	84.6%	83.7%	82.9%	85.5%	84.0%	82.9%	82.7%	81.5%	82.0%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	80.8%	82.2%	81.8%	82.6%	82.9%	83.9%	82.9%	82.6%	82.1%	82.6%	81.2%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	84.8%	83.4%	82.5%	81.3%	81.9%	83.8%	83.6%	83.6%	83.4%	83.0%	83.5%
Information Governance	Resources	Well Led	AD	>=95%	90.2%	89.2%	88.2%	86.5%	85.9%	86.5%	91.9%	95.2%	96.1%	92.0%	91.7%
Moving and Handling	Resources	Well Led	AD	>=80%	82.2%	79.4%	78.2%	77.0%	78.1%	78.8%	80.5%	81.9%	81.7%	81.1%	77.3%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80% by 31/3/17					12.9%	46.0%	48.2%	53.1%	64.1%	64.9%	69.6%
Mental Health Act	Quality & Experience	Well Led	AD	>=80% by 31/3/17					11.0%	20.9%	23.2%	30.5%	47.9%	51.2%	56.9%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	90.1%	89.7%	89.2%	89.0%	88.6%	89.5%	89.7%	89.4%	89.1%	88.5%	88.0%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	88.3%	88.2%	88.0%	86.7%	87.0%	87.8%	87.6%	87.0%	85.6%	85.5%	84.8%
Sainsbury's clinical risk assessment tool	Health & Wellbeing	Well Led	AD	>=80%	97.1%	96.9%	96.6%	93.2%	93.8%	94.8%	95.1%	94.7%	93.7%	93.3%	91.2%
Bank Cost	Resources	Well Led	AD	-	£434k	£512k	£605k	£486k	£458k	£477k	£505k	£493k	£722k	£398k	£457k
Agency Cost	Resources	Effective	AD	-	£791k	£989k	£833k	£833k	£753k	£885k	£662k	£729k	£833k	£501k	£426k
Overtime Costs	Resources	Effective	AD	-	£23k	£17k	£9k	£16k	£14k	£26k	£19k	£15k	£12k	£16k	£13k
Additional Hours Costs	Resources	Effective	AD	-	£78k	£52k	£48k	£40k	£41k	£47k	£41k	£48k	£53k	£56k	£36k
Sickness Cost (Monthly)	Resources	Effective	AD	-	£481k	£504k	£501k	£447k	£511k	£565k	£592k	£527k	£561k	£479k	£503k
Business Miles	Resources	Effective	AD	-	286k	300k	273k	328k	330k	316k	284k	287k	273k	289k	245k



Workforce - Performance Wall cont...

Notes:

Mandatory Training

The Trust is achieving above the compliance target for all areas with the exception of:

- Information Governance – 91.7% which is a 0.3% decline from last month. The majority of services are between 90% and 100%. We are awaiting the updated training programme from NHS Digital.
- Aggression Management – 75.6%, which is 1.2% lower compliance rate from last month. All Clinical Mental Health In-patient Services are achieving their compliance target. The MAV team have put on a number of extra training sessions to the ones already scheduled to improve compliance further
- Cardio Pulmonary Resuscitation - 75.3%, this continues on an upward trajectory
- Clinical Risk – 65.3%, this continues on an upward trajectory. Staff are already trained in clinical risk. This training is part of our safety improvement plan. Therefore priority has been given to the MHA/MCA until end of Q1.
- Moving and Handling – 77.3%, which is a 3.8% decline on last month
- Mental Capacity Act/DOLS – 69.6% (last month 64.9%). This continues on an upward trajectory each month. Service areas with low compliance are being offered specific training for their service to support and improve compliance
- Mental Health Act – 56.9% (last month 51.2%) of mental health staff have achieved this. The biggest uptake is from In-patient Registered Clinical Staff which is 69.9% and increasing each month. Service areas with low compliance are being offered specific training for their service to support and improve compliance

Some services are experiencing difficulties in releasing staff to attend MCA and MHA training due to clinical priorities. Therefore, bespoke training continues to be offered and delivered to services,. The Trust has a training schedule throughout 2017/18 to increase the compliance percentage.

Sickness

- The Trusts YTD position remains at 4.9%, which continues to be above the Trusts threshold. The Trusts monthly sickness level has seen a slight reduction compared to April 17.
- Forensic (6.2%) and Specialist Services (5.8%) BDUs continue to report the highest sickness levels although there has been a significant drop in reported levels during May 17 in the Forensic BDU which reduces the ytd position to 6.2% from 7.2%.
- BDUs continue to focus on long term sickness and the recent staffing summit identified some further potential areas which are being explored that may assist with reducing sickness absence.

Publication Summary

The following section of the report identifies publications that may be of interest to the Trust and its members.

[Seasonal flu vaccine uptake in healthcare workers in England: winter season 2016 to 2017](#)

[Referral to treatment waiting times statistics for consultant-led elective care: March 2017](#)

[Monthly hospital activity data: March 2017](#)

[Early intervention in psychosis access and waiting time experimental statistics: March 2017](#)

[Diagnostics waiting times and activity: March 2017](#)

[Delayed transfers of care: March 2017](#)

[Children and young people with an eating disorder access and waiting times, experimental statistics: Q4 2016/17](#)

[NHS Improvement provider bulletin: 10 May 2017](#)

[Children and young people's health service statistics, England: January 2017, experimental statistics](#)

[Mental health community teams activity data: Q4 2016/17](#)

[Combined performance summary, March 2017](#)

[Provisional monthly hospital episode statistics for admitted patient care, outpatients and A&E data: April 2016 to March 2017](#)

[NHS Improvement provider bulletin: 17 May 2017](#)

[Direct access audiology, March 2017](#)

[NHS workforce statistics, February 2017, provisional statistics](#)

[NHS sickness absence rates, January 2017](#)

[Mental health services monthly statistics: final February, provisional March 2017](#)

[Improving access to psychological therapies report: February 2017 final, March 2017 primary and most recent quarterly data \(Q3 2016/17\)](#)

[Bed availability and occupancy: Q4 2016-17](#)

[Hospital activity statistics: Q4 2016-17](#)

[NHS Improvement provider bulletin, 26 May 2017](#)

[Learning disability services monthly statistics, England – commissioner census \(Assuring Transformation\): April 2017, provisional statistics](#)

[Out of area placements in mental health services - April 2017](#)

[NHS Improvement update: May/June 2017](#)

[NHS Improvement provider bulletin: 7 June 2017](#)



**South West
Yorkshire Partnership**
NHS Foundation Trust



Finance Report

Month 2 (2017/2018)

Appendix 1

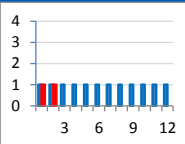
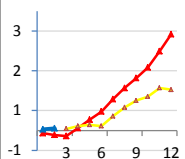
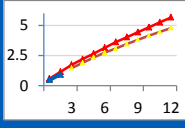
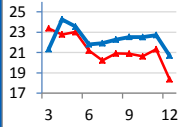
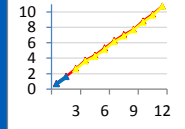
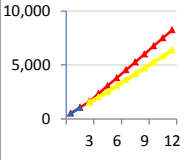
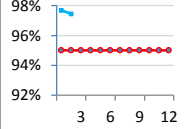


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With **all of us** in mind.

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1.0		Executive Summary / Key Performance Indicators			
Performance Indicator		Year to Date	Forecast	Narrative	Trend
1	NHS Improvement Risk Rating	1	1	The NHS Improvement financial risk rating is 1 for the year to May 2017. All metrics, with the exception of the I & E margin, are 1. I & E margin needs to be increase to greater than 1% to score 1. (approximately a £100k increase in surplus to date).	
2	Normalised Surplus	£0.2m	£2.4m	May 2017 finance performance excluding STF is a small surplus of £27k. Including STF this is a surplus of £97k. The forecast is currently in line with plan. Out of Area beds (in month £164k overspend) and Agency staff (as below) continue to be a pressure in 2017/18 and subject to focused attention.	
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4	Cash	£21.5m	£20.7m	The month 2 cash position is lower than planned primarily due to 2016 / 2017 STF receipts and other timing issues.	
5	Capital	£1.6m	£10.7m	Capital expenditure is marginally behind plan in month 2 due to delays in minor capital schemes and IM & T projects.	
6	Delivery of CIP	£1m	£6.4m	Year to date CIP delivery is £50k behind plan. Overall the forecast position is £1.9m below plan. Themes are being developed to close this gap with specific schemes in progress with executive director leads. e.g. effective rostering, temporary staffing review.	
7	Better Payment	97%		This performance is based upon a combined NHS / Non NHS value.	
Red	Variance from plan greater than 15%				Plan
Amber	Variance from plan ranging from 5% to 15%				Actual
Green	In line, or greater than plan				Forecast

1.1

NHS Improvement Risk Rating - Use of Resources

The Trust is regulated under the Single Oversight Framework and the financial metric is based on the Use of Resources calculation as outlined below. The Single Oversight Framework is designed to help NHS providers attain, and maintain, Care Quality Commission ratings of 'Good' or 'Outstanding'. The Framework doesn't give a performance assessment in its own right.

Area	Weight	Metric	Actual Performance		Plan - Month 2	
			Score	Risk Rating	Score	Risk Rating
Financial Sustainability	20%	Capital Service Capacity	3.2	1	2.6	1
	20%	Liquidity (Days)	18.4	1	14.4	1
Financial Efficiency	20%	I & E Margin	0.5%	2	-0.3%	3
Financial Controls	20%	Distance from Financial Plan	0.8%	1	0.0%	1
	20%	Agency Spend	-20.1%	1	-20.7%	1
Weighted Average - Financial Sustainability Risk Rating				1		1

Impact

The risk rating in month 2 is rated as 1 which is the highest possible score. All metrics are currently at 1 with the exception of I & E margin. This needs to be greater than 1% to achieve a rating of 1.

Definitions

Capital Servicing Capacity - the degree to which the Trust's generated income covers its financing obligations; rating from 1 to 4 relates to the multiple of cover.

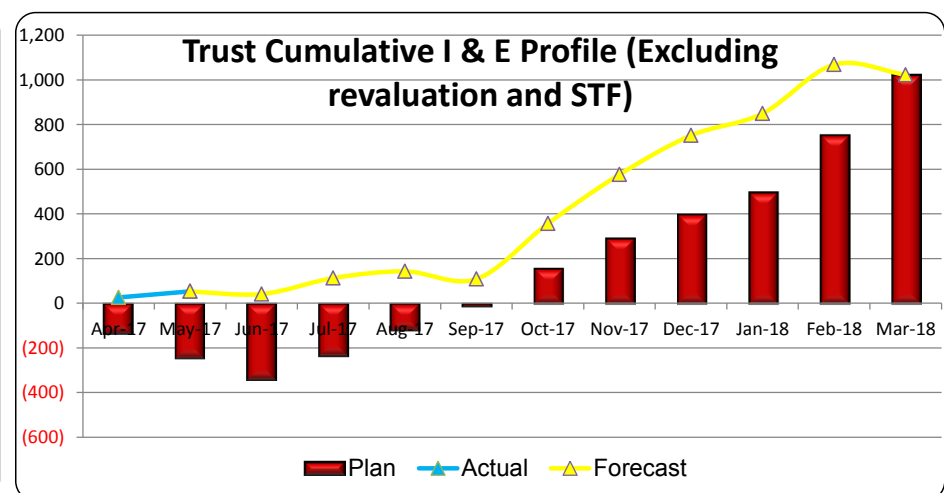
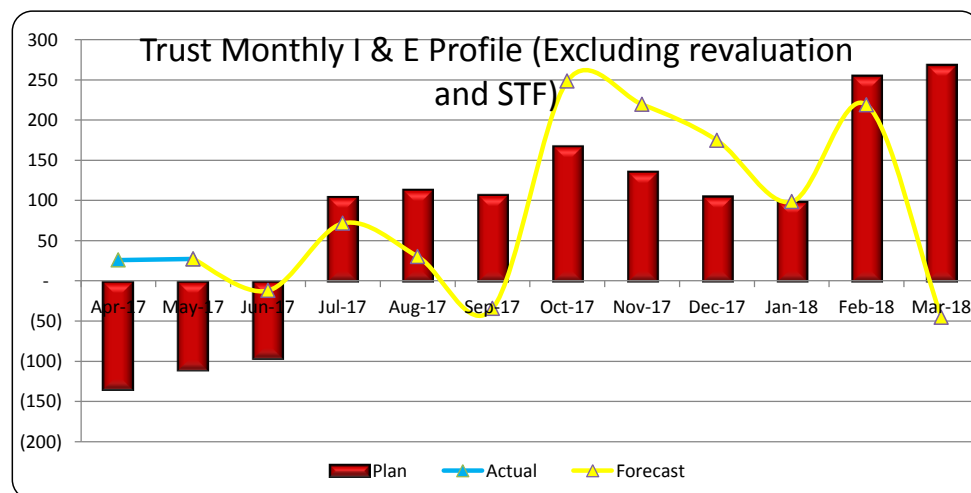
Liquidity - how many days expenditure can be covered by readily available resources; rating from 1 to 4 relates to the number of days cover.

I & E Margin - the degree to which the organisation is operating at a surplus/deficit

Distance from plan - variance between a foundation Trust's planned I & E margin and actual I & E margin within the year.

Agency Cap - A cap of £5.6m has been set for the Trust in 2017 / 2018. This metric compares performance against this cap.

Budget Staff in Post	Actual Staff in Post	Variance		This Month Budget	This Month Actual	This Month Variance	Description	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Forecast Outturn	Forecast Variance
WTE	WTE	WTE	%	£k	£k	£k		£k	£k	£k	£k	£k	£k
				17,260	17,247	(13)	Clinical Revenue	34,483	34,380	(104)	206,645	205,685	(959)
				17,260	17,247	(13)	Total Clinical Revenue	34,483	34,380	(104)	206,645	205,685	(959)
				1,128	1,142	15	Other Operating Revenue	2,213	2,231	18	13,112	13,314	202
				18,388	18,390	2	Total Revenue	36,696	36,611	(85)	219,757	218,999	(757)
4,266	4,141	(124)	2.9%	(14,276)	(13,992)	285	Pay Costs	(28,434)	(27,744)	690	(169,905)	(168,946)	959
				(3,416)	(3,568)	(152)	Non Pay Costs	(6,839)	(6,849)	(10)	(40,663)	(40,881)	(218)
				(19)	7	26	Provisions	(94)	(377)	(283)	881	972	91
4,266	4,141	(124)	2.9%	(17,711)	(17,553)	159	Total Operating Expenses	(35,367)	(34,970)	397	(209,688)	(208,856)	832
4,266	4,141	(124)	2.9%	677	837	160	EBITDA	1,329	1,640	311	10,069	10,144	75
				(507)	(529)	(22)	Depreciation	(1,014)	(1,027)	(13)	(5,694)	(5,754)	(61)
				(283)	(283)	0	PDC Paid	(566)	(566)	0	(3,397)	(3,397)	(0)
				4	3	(1)	Interest Received	8	6	(1)	45	31	(14)
4,266	4,141	(124)	2.9%	(110)	27	137	Normalised Surplus / (Deficit) Excl.STF	(244)	53	297	1,023	1,023	0
				70	70	0	STF	140	140	0	1,394	1,394	0
4,266	4,141	(124)	2.9%	(40)	97	137	Normalised Surplus / (Deficit) Incl SFT	(104)	193	297	2,417	2,417	0
				0	0	0	Revaluation of Assets	0	0	0	0	0	0
4,266	4,141	(124)	2.9%	(40)	97	137	Surplus / (Deficit)	(104)	193	297	2,417	2,417	0



Income & Expenditure Position 2017 / 2018

Trust Normalised Surplus Position (Pre and Post Sustainability and Transformation Funding)

The Trust year to date and forecast finance positions including and excluding STF funding are highlighted below. This excludes exceptional items such as the revaluation of Trust Estate. The total Sustainability and Transformation Funding available in 2017/18 is £1.394m. Payment for Quarter 1 will be based on the trusts' delivery of financial control total year-to-date trajectories. At Month 2 the STF is forecast to achieve.

	Year to Date			Forecast		
	Plan £k	Actual £k	Variance £k	Plan £k	Actual £k	Variance £k
Surplus (Excluding STF)	(244)	53	297	1,023	1,023	0
STF	140	140	0	1,394	1,394	0
Surplus - Total	(104)	193	297	2,417	2,417	0

As in 2016/17, two key components need to be achieved in order to receive STF monies. Referral to Treatment STF can only be received if the financial performance criteria has been met. This is currently ahead of target and therefore will be secured alongside the achievement of the financial performance metric.

Financial Performance	123	123	0	1,220	1,220	0
Referral to Treatment	18	18	0	174	174	0
STF - Total	140	140	0	1,394	1,394	0

Month 2

The normalised year to date position is a surplus of £53k excluding STF and £193k including STF funding. This is £0.3m ahead of plan, the key headlines are below:

In month there have been favourable movements in the financial position resulting in a normalised surplus position for May of £97k. In terms of variance to plan £137k, the key headlines behind this are:

	£k Mth 2	£k YTD	
Income	2	(85)	CQUINs have underachieved by £56k in month 2 £139k YTD, this has been offset by overachievement of non contract activity.
Pay	426	927	Agency and Bank staff continue to be employed by the Trust to meet clinical and service requirements. Actions continue to ensure that the clinical and financial consequences are minimised. These include ongoing recruitment and expansion of the peripatetic staffing model.
	(141)	(236)	Pay overspends are offset by underspends in pay arising from vacancies
Non Pay	(152)	(10)	Overspends are in Drugs (M2 £60k, YTD £146k), Clinical Supplies (M2 £66k, YTD £78k) and out of area (M2 £164k, YTD £277k), offset by underspends on non clinical areas such as Travel and Office supplies. Recoding of the Apprentice levy (£103k) from Provisions to Non Pay also impacted on the variance.
	26	(284)	Provisions, and budgets held centrally.
	(23)	(13)	Depreciation and PDC are in line with planned expenditure
	<u>137</u>	<u>297</u>	

Forecast

The full year STF income is currently forecast to achieve plan but there remains some risk attached with its delivery. These risks, and also any opportunities, continue to be assessed to ensure that the plan is delivered.

The CQUIN performance risk is £1m, of which £0.8m relates to achievement of STP control total

A full review of year-end forecast, risks and opportunities is scheduled to take place in early July in time for reporting to the July Trust Board.

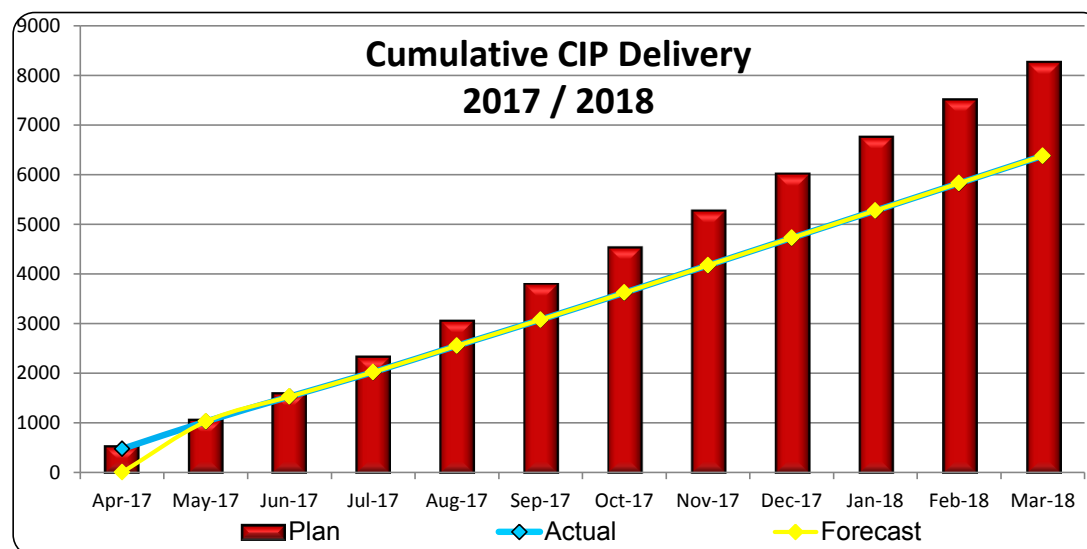
2.1

Cost Improvement Programme 2017 / 2018

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Forecast
	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k
Target - Cumulative	537	1,074	1,610	2,341	3,072	3,809	4,546	5,283	6,021	6,768	7,515	8,262	1,074	8,262

Delivery as originally planned	404	849	1,272	1,709	2,184	2,667	3,170	3,680	4,190	4,699	5,209	5,720	849	5,720
Mitigations - Recurrent & Non-Recurrent	68	174	255	311	368	409	451	493	535	577	619	661	174	661
Total Delivery	472	1,024	1,527	2,020	2,552	3,077	3,621	4,173	4,725	5,276	5,828	6,380	1,024	6,380

Shortfall / Unidentified	65	50	83	321	521	733	925	1,111	1,296	1,491	1,686	1,882	50	1,882
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The Trust identified a CIP programme for 2017 / 2018 which totals £8.3m. This included £1.6m of unidentified savings for which specific schemes need to be defined and delivered.

This gap is being addressed through specific projects with identified Director leads and progress is monitored through the Trust Operational Management Group (OMG).

To date all operational BDU schemes have been delivered as planned (or successfully mitigated against with alternatives). Schemes, to date, currently rated as red related to reduced training budgets and procurement savings.

The forecast red schemes are increased by the unidentified CIP gap. Schemes and themes are being worked through and will reduce the red value in future months.

3.0

Balance Sheet 2017 / 2018

	2016 / 2017 Plan (YTD) Actual (YTD)			Note
	£k	£k	£k	
Non-Current (Fixed) Assets	111,199	112,565	113,518	1
Current Assets				
Inventories & Work in Progress	166	215	166	
NHS Trade Receivables (Debtors)	2,138	1,999	807	2
Other Receivables (Debtors)	8,289	6,889	12,152	3
Cash and Cash Equivalents	26,373	24,845	21,467	4
Total Current Assets	36,966	33,948	34,591	
Current Liabilities				
Trade Payables (Creditors)	(7,213)	(6,634)	(6,191)	5
Capital Payables (Creditors)	(1,157)	(752)	(996)	5
Accruals	(9,912)	(11,473)	(10,870)	6
Deferred Income	(754)	(950)	(874)	
Total Current Liabilities	(19,036)	(19,809)	(18,932)	
Net Current Assets/Liabilities	17,929	14,139	15,660	
Total Assets less Current Liabilities	129,128	126,704	129,178	
Provisions for Liabilities	(7,550)	(7,763)	(7,406)	
Total Net Assets/(Liabilities)	121,578	118,941	121,771	
Taxpayers' Equity				
Public Dividend Capital	43,665	43,665	43,665	
Revaluation Reserve	18,766	18,413	18,766	
Other Reserves	5,220	5,220	5,220	
Income & Expenditure Reserve	53,928	51,643	54,121	7
Total Taxpayers' Equity	121,578	118,941	121,771	

The Balance Sheet analysis compares the current month end position to that within the annual plan. The previous year end position is included for information.

1. Capital expenditure is detailed on page 9. The value of fixed assets includes additions, disposals and depreciation charges.

2. NHS debtors are currently lower than plan primarily due to accrued income being higher than planned. Information has now been received allowing the larger invoices to now be raised.

3. Other debtors are higher than planned which includes STF income relating to 2016 / 2017 (c. £2m). This is expected to be received in July 2017.

4. The reconciliation of actual cash flow to plan compares the current month end position to the annual plan position for the same period. This is shown on page 11.

5. Overall creditors are lower than planned with payments continuing to be made in a timely fashion to support the Trust Better Payment Practice Code. Since the end of the financial year work is ongoing to clear old invoices.

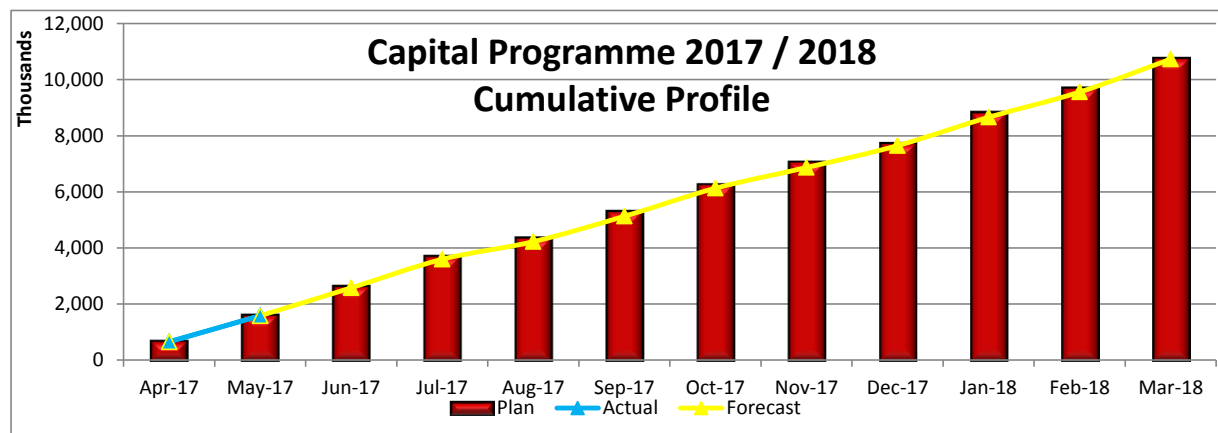
6. Accruals are lower than planned. Work is on-going to validate accruals ahead of the quarter end.

7. This reserve represents year to date surplus plus reserves brought forward.

3.1

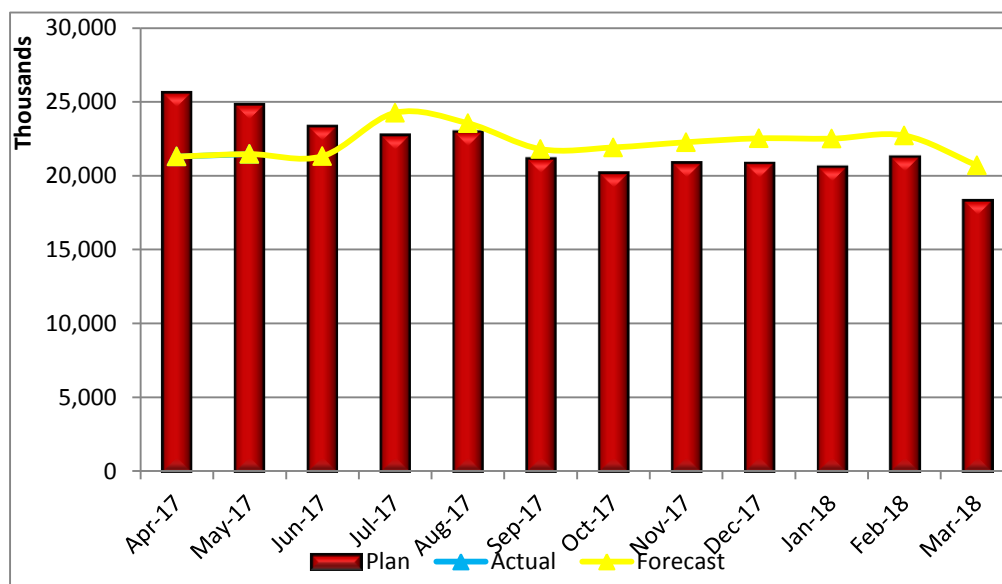
Capital Programme 2017 / 2018

	Annual Budget £k	Year to Date Plan £k	Year to Date Actual £k	Year to Date Variance £k	Forecast Actual £k	Forecast Variance £k	Note
Maintenance (Minor) Capital							
Facilities & Small Schemes	1,558	200	101	(99)	1,568	10	4
Equipment Replacement	44	0	0	0	44	(0)	
IM&T	2,121	56	30	(26)	2,121	0	
Major Capital Schemes							
Fieldhead Non Secure	7,030	1,390	1,475	85	7,030	(0)	3
VAT Refunds	0	0	(28)	(28)	(28)	(28)	
TOTALS	10,753	1,646	1,578	(68)	10,734	(19)	2

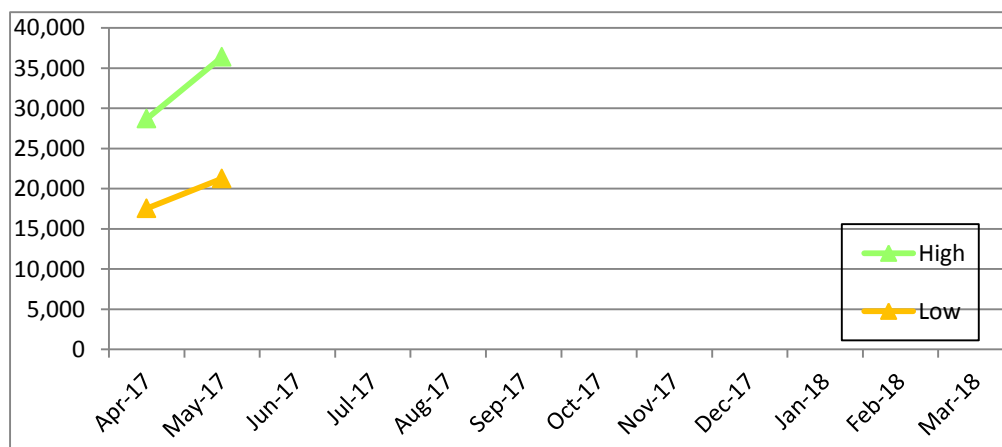


Capital Expenditure 2017 / 2018

1. The Trust capital programme for 2016 / 2017 is £10.8m and schemes are guided by the current Trust Estates Strategy.
2. The year to date position is £68k behind plan (4%). Excluding the benefit from arising from successful VAT recovery agreed with HMRC this is £40k behind plan.
3. Phase 1 of the Fieldhead Non-Secure project is due to be completed and open early August 2017. Phase 2 will commence immediately afterwards.
4. Small schemes, behind plan to date, mainly relate to 2 Nehaven schemes (clinic rooms and boundaries).



	Plan £k	Actual £k	Variance £k
Opening Balance	25,495	26,373	
Closing Balance	24,845	21,467	(3,378)



The cash position provides a key element of the Continuity of Service and Financial Efficiency Risk Rating. As such this is monitored and reviewed on a daily basis.

Weekly review of actions ensures that the cash position for the Trust is maximised.

Cash is lower than planned in month. Block contract income has now been invoiced and it is expected that the STF funding will be paid in July 2017 to bolster the Trust cash position.

A detailed reconciliation of working capital compared to plan is presented on page 11.

The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

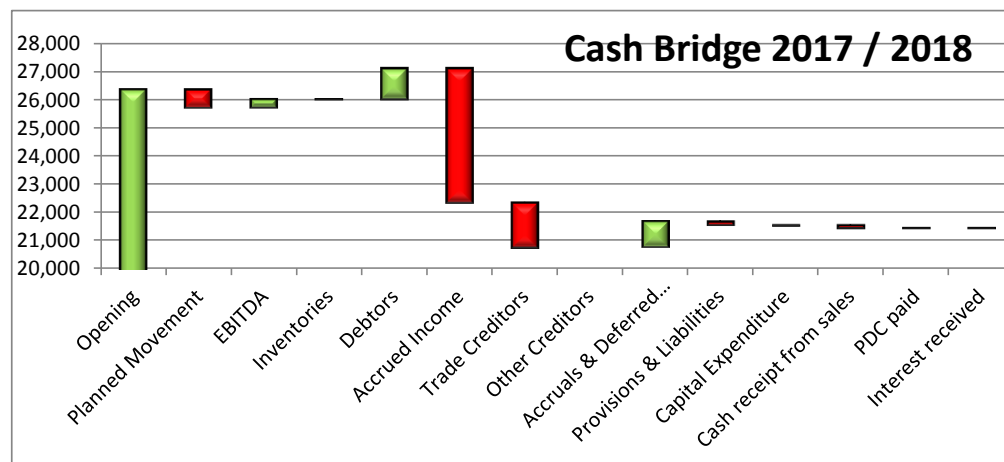
The highest balance is: £36.4m

The lowest balance is: £21.3m

This reflects cash balances built up from historical surpluses that are available to finance capital expenditure in the future.

3.3 Reconciliation of Cashflow to Cashflow Plan

	Plan £k	Actual £k	Variance £k	Note
Opening Balances	25,495	26,373	878	1
Surplus (Exc. non-cash items & revaluation)	1,472	1,780	308	2
<i>Movement in working capital:</i>				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	0	1,097	1,097	3
Accrued Income / Prepayments	(633)	(5,397)	(4,764)	5
Trade Payables (Creditors)	0	(1,588)	(1,588)	6
Other Payables (Creditors)	0	0	0	
Accruals & Deferred income	150	1,079	929	4
Provisions & Liabilities	0	(144)	(144)	
<i>Movement in LT Receivables:</i>				
Capital expenditure & capital creditors	(1,647)	(1,740)	(93)	
Cash receipts from asset sales	0	0	0	
PDC Dividends paid	0	0	0	
PDC Dividends received			0	
Interest (paid)/ received	8	6	(2)	
Closing Balances	24,845	21,467	(3,378)	



The plan value reflects the March 2017 submission to NHS Improvement.

Factors which increase the cash position against plan:

1. Brought forward cash position was higher than planned.
2. Surplus position marginally higher than planned.
3. Debtors are lower than plan due to timely chasing of debt.
4. Accruals higher than planned as invoices are awaited. We are still awaiting a number of high value invoices from a number of suppliers.

Factors which decrease the cash position against plan:

5. Accrued income continues to be higher than plan, this includes the 2016/17 STF funding which is expected to be paid in July 2017 and the Barnsley Alliance contract which has been invoiced in June 2017.

6. Creditors are lower than planned. Invoices are paid in line with the Trust Better Payment Practice Code.

The cash bridge to the left depicts, by heading, the positive and negative impacts on the cash position as compared to plan.

4.0

Better Payment Practice Code

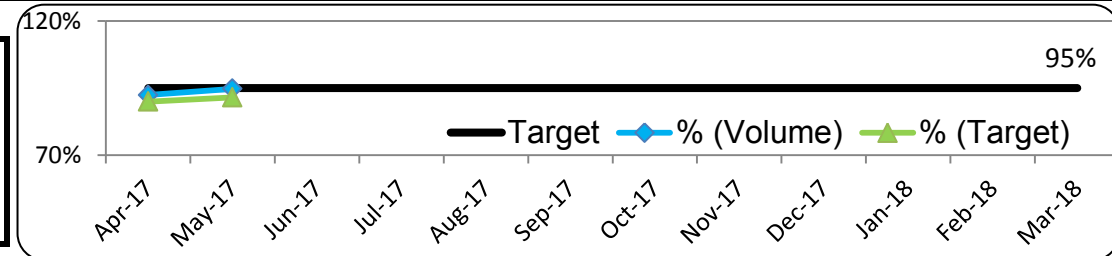
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

In November 2008 the Trust adopted a Government request for Public Sector bodies to pay local Suppliers within 10 days.

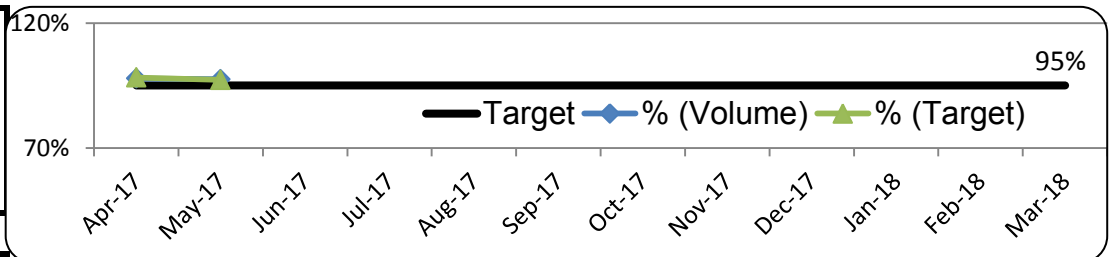
This is not mandatory for the NHS.

The team continue to review reasons for non delivery of the 95% target and identify solutions to problems and bottlenecks in the process. Overall year to date progress remains positive.

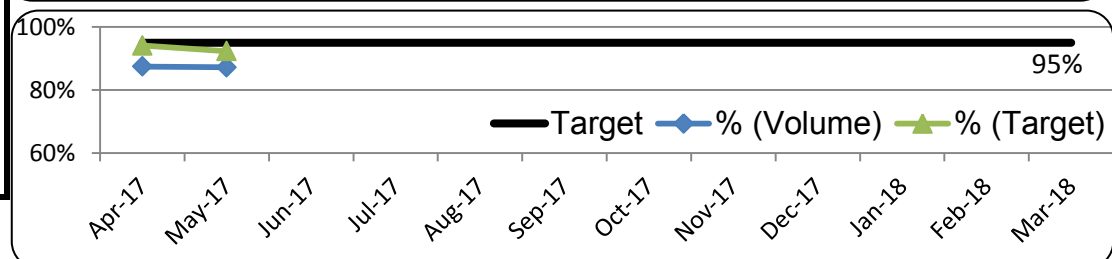
NHS		
	Number	Value
	%	%
Year to April 2017	92%	90%
Year to May 2017	95%	91%



Non NHS		
	Number	Value
	%	%
Year to April 2017	98%	98%
Year to May 2017	97%	97%



Local Suppliers (10 days)		
	Number	Value
	%	%
Year to April 2017	87%	94%
Year to May 2017	87%	92%



4.1 Transparency Disclosure

As part of the Government's commitment to greater transparency on how public funds are used the Trust makes a monthly Transparency Disclosure highlighting expenditure greater than £25,000.

This is for non-pay expenditure; however, organisations can exclude any information that would not be disclosed under a Freedom of Information request as being Commercial in Confidence or information which is personally sensitive.

At the current time NHS Improvement has not mandated that Foundation Trusts disclose this information but the Trust has decided to comply with the request.

The transparency information for the current month is shown in the table below.

Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
16-May-17	Lease Rent	Calderdale	Calderdale and Huddersfield NHS Foundation Trust	3035084	209,476
24-Apr-17	Drugs FP10's	Trustwide	NHSBSA Prescription Pricing Division	3033226	65,361
07-Apr-17	Staff Recharge	Barnsley	Barnsley Metropolitan Borough Council	3031609	61,014
01-May-17	CNST contributions	Trustwide	NHS Litigation Authority	3034112	47,581
15-May-17	CNST contributions	Trustwide	NHS Litigation Authority	3035025	47,581
12-May-17	Lease Rent	Calderdale	Calderdale and Huddersfield NHS Foundation Trust	3034905	39,372
01-Feb-17	Minor Works	Wakefield	Mid Yorkshire Hospitals NHS Trust	3024309	25,809

- * Recurrent - an action or decision that has a continuing financial effect
- * Non-Recurrent - an action or decision that has a one off or time limited effect
- * Full Year Effect (FYE) - quantification of the effect of an action, decision, or event for a full financial year.
- * Part Year Effect (PYE) - quantification of the effect of an action, decision, or event for the financial year concerned. So if a CIP were to be implemented half way through a financial year, the Trust would only see six months benefit from that action in that financial year
- * Recurrent Underlying Surplus - We would not expect to actually report this position in our accounts, but it is an important measure of our fundamental financial health. It shows what our surplus would be if we stripped out all of the non-recurrent income, costs and savings.
- * Forecast Surplus - This is the surplus we expect to make for the financial year
- * Target Surplus - This is the surplus the Board said it wanted to achieve for the year (including non-recurrent actions), and which was used to set the CIP targets. This is set in advance of the year, and before all variables are known. For 2016 / 2017 the Trust were set a control total surplus.
- * In Year Cost Savings - These are non-recurrent actions which will yield non-recurrent savings in year. So are part of the Forecast Surplus, but not part of the Recurrent Underlying Surplus.
- * Cost Improvement Programme (CIP) - is the identification of schemes to increase efficiency or reduce expenditure.
- * Non-Recurrent CIP - A CIP which is identified in advance, but which only has a one off financial benefit. These differ from In Year Cost Savings in that the action is identified in advance of the financial year, whereas In Year Cost Savings are a target which budget holders are expected to deliver, but where they may not have identified the actions yielding the savings in advance.
- * EBITDA - earnings before Interest, Tax, Depreciation and amortisation. This strips out the expenditure items relating to the provision of assets from the Trust's financial position to indicate the financial performance of it's services.
- * IFRS - International Financial Reporting Standards, there are the guidance and rules by which financial accounts have to be prepared.

Appendix 2 - Workforce - Performance Wall

Barnsley District										
Month	Objective	CQC Domain	Owner	Threshold	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	4.70%	4.80%	4.90%	4.90%	4.60%	4.50%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	5.60%	5.90%	5.80%	5.20%	4.60%	4.50%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	95.00%	95.00%	95.50%	96.60%	7.00%	24.00%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	94.10%	94.60%	95.30%	96.00%	3.20%	8.20%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	84.10%	82.30%	77.60%	76.20%	77.50%	71.90%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	81.90%	82.40%	82.50%	81.30%	81.90%	79.10%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	70.80%	75.50%	78.20%	77.90%	76.00%	74.70%
Equality and Diversity	Resources	Well Led	AD	>=80%	91.70%	88.60%	89.40%	89.00%	88.20%	88.50%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	87.60%	86.20%	82.60%	81.50%	78.80%	80.80%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	81.30%	80.70%	80.30%	79.60%	77.50%	76.10%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	88.40%	88.80%	87.80%	86.70%	86.40%	87.10%
Information Governance	Resources	Well Led	AD	>=95%	87.50%	91.80%	94.90%	95.40%	91.30%	89.80%
Moving and Handling	Resources	Well Led	AD	>=80%	80.60%	82.20%	83.70%	82.80%	83.10%	81.90%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	91.90%	90.60%	90.40%	89.90%	89.50%	89.30%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	90.30%	88.90%	88.40%	88.20%	88.00%	86.50%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	97.10%	98.20%	97.40%	95.70%	94.70%	94.60%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%	45.00%	47.10%	51.50%	55.90%	54.60%	56.90%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%	33.70%	34.40%	38.30%	42.90%	44.60%	41.20%
Agency Cost	Resources	Effective	AD		£190k	£148k	£143k	£115k	£92k	£109k
Overtime Costs	Resources	Effective	AD		£6k	£6k	£4k	£4k	£7k	£3k
Additional Hours Costs	Resources	Effective	AD		£26k	£18k	£23k	£25k	£32k	£20k
Sickness Cost (Monthly)	Resources	Effective	AD		£191k	£179k	£167k	£167k	£132k	£136k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		133.76	133.8	136.67	131.92	111.33	108
Business Miles	Resources	Effective	AD		112k	107k	101k	102k	108k	91k

Calderdale and Kirklees District										
Month	Objective	CQC Domain	Owner	Threshold	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	4.90%	4.90%	5.00%	5.00%	4.60%	4.70%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	4.50%	5.30%	5.10%	4.90%	4.60%	4.80%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	98.50%	98.50%	98.20%	98.50%	3.00%	14.90%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	93.80%	95.30%	95.80%	96.50%	0.80%	2.50%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	78.30%	77.40%	77.40%	75.80%	74.30%	72.30%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	66.70%	70.10%	72.10%	72.80%	75.20%	75.40%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	57.60%	63.80%	65.80%	69.40%	72.40%	71.30%
Equality and Diversity	Resources	Well Led	AD	>=80%	89.70%	89.00%	89.70%	86.50%	86.20%	84.50%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	83.80%	80.20%	81.7%	80.90%	81.10%	80.50%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	81.30%	79.20%	79.10%	78.70%	79.60%	78.30%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	79.00%	78.20%	78.30%	78.90%	78.00%	78.80%
Information Governance	Resources	Well Led	AD	>=95%	86.60%	94.50%	96.70%	97.50%	92.80%	92.60%
Moving and Handling	Resources	Well Led	AD	>=80%	75.80%	77.40%	79.50%	79.80%	79.30%	76.10%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	90.70%	90.40%	89.60%	88.60%	87.40%	86.80%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	86.30%	85.30%	84.20%	83.70%	83.00%	82.80%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	96.60%	96.40%	95.90%	95.80%	95.50%	93.30%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%	30.80%	33.30%	39.60%	58.00%	61.10%	75.40%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%	19.80%	22.70%	30.30%	49.40%	52.30%	67.10%
Agency Cost	Resources	Effective	AD		£228k	£173k	£177k	£165k	£76k	£61k
Overtime Costs	Resources	Effective	AD		£6k	£9k	£5k	£3k	£3k	£3k
Additional Hours Costs	Resources	Effective	AD		£0k	£1k	£1k	£1k	£1k	£-2k
Sickness Cost (Monthly)	Resources	Effective	AD		£84k	£93k	£97k	£112k	£111k	£115k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		50.95	50.69	47.64	40.79	85.41	75.52
Business Miles	Resources	Effective	AD		75k	58k	54k	57k	62k	58k

Appendix - 2 - Workforce - Performance Wall cont...

Forensic Services										
Month	Objective	CQC Domain	Owner	Threshold	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	6.20%	6.40%	6.40%	6.4%	7.00%	6.2%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	8.20%	8.00%	6.80%	6.2%	7.00%	5.3%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	92.00%	92.20%	93.70%	93.7%	10.30%	21.2%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	77.80%	82.50%	88.50%	90.0%	1.70%	7.4%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	83.70%	85.40%	83.40%	84.5%	85.80%	85.3%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	53.10%	60.50%	62.60%	66.6%	68.30%	74.0%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	10.50%	26.70%	45.10%	50.8%	54.70%	65.0%
Equality and Diversity	Resources	Well Led	AD	>=80%	90.80%	91.90%	92.30%	92.0%	89.20%	86.6%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	87.80%	84.60%	85.40%	86.7%	85.90%	83.4%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	89.00%	87.10%	86.70%	88.0%	89.20%	88.3%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	83.90%	81.50%	82.70%	82.2%	81.70%	84.9%
Information Governance	Resources	Well Led	AD	>=95%	85.20%	90.90%	95.50%	97.6%	91.50%	92.7%
Moving and Handling	Resources	Well Led	AD	>=80%	84.40%	85.50%	85.40%	87.2%	84.90%	82.9%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	89.00%	90.90%	92.10%	92.3%	92.30%	91.7%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	87.30%	87.90%	87.60%	87.8%	88.40%	87.9%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	78.90%	82.40%	93.80%	80.0%	75.00%	51.7%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%	29.10%	33.80%	42.40%	65.4%	65.70%	70.7%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%	14.20%	18.50%	30.10%	55.8%	56.00%	61.9%
Agency Cost	Resources	Effective	AD		£95k	£114k	£128k	£95k	£58k	£54k
Overtime Costs	Resources	Effective	AD		£9k	£-1k	£0k	£3k	£0k	£0k
Additional Hours Costs	Resources	Effective	AD		£1k	£0k	£1k	£5k	£2k	£2k
Sickness Cost (Monthly)	Resources	Effective	AD		£63k	£81k	£53k	£54k	£62k	£47k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		37.55	46.25	49.44	50.20	49.29	47.49
Business Miles	Resources	Effective	AD		8k	5k	15k	9k	8k	5k

Specialist Services										
Month	Objective	CQC Domain	Owner	Threshold	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	4.80%	4.90%	5.00%	5.00%	5.40%	5.80%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	5.60%	5.80%	6.40%	5.70%	5.50%	5.70%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	82.70%	84.30%	87.40%	87.50%	3.80%	9.40%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	62.50%	66.70%	70.30%	71.20%	0.60%	1.80%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	74.60%	73.10%	72.00%	72.30%	72.70%	75.20%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	65.70%	71.50%	71.80%	70.40%	70.70%	69.20%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	28.60%	33.20%	38.10%	39.70%	43.50%	46.50%
Equality and Diversity	Resources	Well Led	AD	>=80%	89.90%	89.10%	88.30%	87.40%	85.70%	84.80%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	82.90%	80.40%	79.50%	80.10%	78.60%	80.20%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	60.00%	58.30%	62.50%	60.00%	59.10%	56.50%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	87.40%	86.30%	86.50%	85.90%	84.40%	83.30%
Information Governance	Resources	Well Led	AD	>=95%	84.20%	92.70%	96.00%	97.30%	92.80%	91.50%
Moving and Handling	Resources	Well Led	AD	>=80%	80.70%	80.90%	80.90%	77.00%	75.70%	75.80%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	85.90%	85.20%	83.80%	83.00%	82.10%	82.40%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	88.90%	88.10%	87.30%	84.70%	86.80%	85.20%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	88.50%	89.30%	87.80%	87.90%	87.80%	86.90%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%	28.90%	31.60%	37.50%	55.60%	58.30%	62.70%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%	9.50%	11.70%	17.50%	42.70%	54.70%	57.80%
Agency Cost	Resources	Effective	AD		£185k	£88k	£165k	£261k	£178k	£167k
Overtime Costs	Resources	Effective	AD		£2k	£2k	£3k	£2k	£2k	£3k
Additional Hours Costs	Resources	Effective	AD		£5k	£3k	£4k	£5k	£5k	£4k
Sickness Cost (Monthly)	Resources	Effective	AD		£40k	£48k	£69k	£74k	£64k	£78k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		75.78	71.96	64.87	57.42	53.47	51.56
Business Miles	Resources	Effective	AD		40k	38k	38k	31k	39k	33k

Appendix 2 - Workforce - Performance Wall cont...

Support Services										
Month	Objective	CQC Domain	Owner	Threshold	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	4.60%	4.70%	4.70%	4.8%	4.00%	4.5%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	6.10%	5.60%	5.40%	4.8%	4.00%	4.7%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	91.60%	92.10%	92.20%	93.7%	7.10%	17.4%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	89.90%	94.30%	95.30%	95.5%	0.20%	1.1%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	64.10%	64.80%	68.70%	71.1%	68.60%	73.0%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	90.90%	84.80%	90.90%	86.5%	86.10%	86.8%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	100.00%	100.00%	100.00%	20.0%	100.00%	16.7%
Equality and Diversity	Resources	Well Led	AD	>=80%	85.80%	87.10%	87.90%	87.8%	87.50%	86.4%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	84.00%	84.90%	84.90%	85.9%	87.70%	87.1%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	97.50%	98.40%	98.40%	96.8%	99.20%	98.3%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	82.20%	83.20%	83.90%	84.8%	85.50%	86.0%
Information Governance	Resources	Well Led	AD	>=95%	89.20%	89.10%	93.00%	93.4%	92.20%	93.4%
Moving and Handling	Resources	Well Led	AD	>=80%	79.70%	82.60%	85.90%	85.8%	85.80%	72.6%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	87.40%	89.70%	89.70%	92.9%	93.70%	89.8%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	88.80%	90.80%	91.00%	90.9%	90.90%	86.6%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	100.00%	100.00%	100.00%	100.00%	100.00%	20.0%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%	90.10%	91.00%	91.60%	92.90%	93.70%	94.8%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%	16.30%	19.10%	29.80%	33.3%	38.80%	53.1%
Agency Cost	Resources	Effective	AD		£40k	£32k	£26k	£33k	£8k	£5k
Overtime Costs	Resources	Effective	AD		£2k	£1k	£1k	£0k	£5k	
Additional Hours Costs	Resources	Effective	AD		£11k	£18k	£16k	£13k	£14k	£8k
Sickness Cost (Monthly)	Resources	Effective	AD		£79k	£99k	£73k	£84k	£66k	£81k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		58.56	60.89	55.36	52.39	23.23	43.12
Business Miles	Resources	Effective	AD		46k	40k	47k	39k	40k	29k

Wakefield District										
Month	Objective	CQC Domain	Owner	Threshold	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	5.00%	5.30%	5.50%	5.40%	5.50%	4.70%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	6.40%	8.00%	7.70%	6.00%	5.50%	4.40%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	93.30%	94.60%	95.20%	94.60%	2.10%	16.10%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	87.60%	89.00%	88.80%	91.00%	4.40%	11.80%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	83.30%	80.80%	82.60%	80.40%	81.10%	80.40%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	56.20%	60.40%	61.30%	62.60%	65.00%	69.70%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	52.30%	57.10%	60.60%	59.70%	63.40%	61.50%
Equality and Diversity	Resources	Well Led	AD	>=80%	93.40%	91.00%	89.60%	87.10%	86.00%	86.80%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	85.70%	86.00%	84.10%	83.10%	78.90%	80.90%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	78.00%	77.90%	76.50%	75.20%	76.70%	75.00%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	78.80%	78.70%	78.50%	78.40%	77.80%	77.10%
Information Governance	Resources	Well Led	AD	>=95%	81.80%	92.30%	95.50%	97.20%	91.80%	92.30%
Moving and Handling	Resources	Well Led	AD	>=80%	71.10%	73.10%	72.20%	75.00%	72.60%	71.30%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	87.00%	88.70%	88.40%	87.50%	86.40%	85.30%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	80.40%	82.30%	80.70%	79.40%	77.90%	77.40%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	95.00%	94.90%	95.20%	93.10%	93.50%	92.50%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%	33.00%	34.00%	40.90%	57.60%	59.30%	59.10%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%	25.60%	26.50%	33.40%	49.30%	50.30%	49.70%
Agency Cost	Resources	Effective	AD		£146k	£107k	£91k	£164k	£88k	£31k
Additional Hours Costs	Resources	Effective	AD		£5k	£2k	£3k	£3k	£2	£4k
Sickness Cost (Monthly)	Resources	Effective	AD		£68k	£75k	£67k	£69k	£64k	£46k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		75.44	68.48	69.36	64.28	50.56	48.56
Business Miles	Resources	Effective	AD		35k	36k	32k	34k	32k	29k

Glossary

ADHD	Attention deficit hyperactivity disorder	FOT	Forecast Outturn	NHSI	NHS Improvement
AQP	Any Qualified Provider	FT	Foundation Trust	NICE	National Institute for Clinical Excellence
ASD	Autism spectrum disorder	FYFV	Five Year Forward View	NK	North Kirklees
AWA	Adults of Working Age	HEE	Health Education England	OOA	Out of Area
AWOL	Absent Without Leave	HONOS	Health of the Nation Outcome Scales	OPS	Older People's Services
B/C/K/W	Barnsley, Calderdale, Kirklees, Wakefield	HR	Human Resources	PbR	Payment by Results
BDU	Business Delivery Unit	HSJ	Health Service Journal	PCT	Primary Care Trust
C&K	Calderdale & Kirklees	HSCIC	Health and Social Care Information Centre	PICU	Psychiatric Intensive Care Unit
C. Diff	Clostridium difficile	HV	Health Visiting	PREM	Patient Reported Experience Measures
CAMHS	Child and Adolescent Mental Health Services	IAPT	Improving Access to Psychological Therapies	PROM	Patient Reported Outcome Measures
CAPA	Choice and Partnership Approach	ICD10	International Statistical Classification of Diseases and Related Health Problems	PSA	Public Service Agreement
CCG	Clinical Commissioning Group	IG	Information Governance	PTS	Post Traumatic Stress
CGCSC	Clinical Governance Clinical Safety Committee	IHBT	Intensive Home Based Treatment	QIA	Quality Impact Assessment
CIP	Cost Improvement Programme	IM&T	Information Management & Technology	QIPP	Quality, Innovation, Productivity and Prevention
CPA	Care Programme Approach	Inf Prevent	Infection Prevention	QTD	Quarter to Date
CPPP	Care Packages and Pathways Project	IPC	Infection Prevention Control	RAG	Red, Amber, Green
CQC	Care Quality Commission	IWMS	Integrated Weight Management Service	RiO	Trusts Mental Health Clinical Information System
CQUIN	Commissioning for Quality and Innovation	KPIs	Key Performance Indicators	SlIs	Serious Incidents
CROM	Clinician Rated Outcome Measure	LA	Local Authority	S BDU	Specialist Services Business Delivery Unit
CRS	Crisis Resolution Service	LD	Learning Disability	SK	South Kirklees
CTLD	Community Team Learning Disability	Mgt	Management	SMU	Substance Misuse Unit
DoC	Duty of Candour	MAV	Management of Aggression and Violence	STP	Sustainability and Transformation Plans
DoV	Deed of Variation	MBC	Metropolitan Borough Council	SU	Service Users
DoC	Duty of Candour	MH	Mental Health	SWYFT	South West Yorkshire Foundation Trust
DQ	Data Quality	MHCT	Mental Health Clustering Tool	SYBAT	South Yorkshire and Bassetlaw local area team
DTOC	Delayed Transfers of Care	MRSA	Methicillin-resistant Staphylococcus aureus	TB	Tuberculosis
EIA	Equality Impact Assessment	MSK	Musculoskeletal	TBD	To Be Decided/Determined
EIP/EIS	Early Intervention in Psychosis Service	MT	Mandatory Training	WTE	Whole Time Equivalent
EMT	Executive Management Team	NCI	National Confidential Inquiries	Y&H	Yorkshire & Humber
FOI	Freedom of Information	NHS TDA	National Health Service Trust Development Authority	YTD	Year to Date
		NHSE	National Health Service England		

KEY for dashboard Year End Forecast Position / RAG Ratings	
4	On-target to deliver actions within agreed timeframes.
3	Off trajectory but ability/confident can deliver actions within agreed time frames.
2	Off trajectory and concerns on ability/capacity to deliver actions within agreed time frame
1	Actions/targets will not be delivered
	Action Complete

NB: The Trusts RAG rating system was reviewed by EMT during October 16 and some amendments were made to the wording and colour scheme.

NHSI Key - 1 – Maximum Autonomy, 2 – Targeted Support, 3 – Support, 4 – Special Measures